

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36960

1. Corporation Name
CTYD III CORPORATION

Principal Place of Business

10400 FERNWOOD ROAD
DEPT. 924.13
BETHESDA, MD 20817
US

Mailing Address

10400 FERNWOOD ROAD
DEPT. 924.13
BETHESDA, MD 20817
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1992

3a. Date of Last Report

05/01/94

4. FEI Number

52-1759431

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S 199 032,
Florida Statutes ☐ yes ☒ no

2. Principal Place of Business

21 Suite, Apt #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P O Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D
NAME TODD CLIST
STREET ADDRESS 10400 FERNWOOD ROAD
CITY ST ZIP BETHESDA, MD 20817

TITLE V/D
NAME JOSEPH RYAN
STREET ADDRESS 10400 FERNWOOD ROAD
CITY ST ZIP BETHESDA, MD 20817

TITLE S
NAME JOAN RECTOR MCGLOCKTON
STREET ADDRESS 10400 FERNWOOD ROAD
CITY ST ZIP BETHESDA, MD 20817

TITLE AS
NAME NANCY L. BENZ
STREET ADDRESS 10400 FERNWOOD ROAD
CITY ST ZIP BETHESDA, MD 20817

TITLE D
NAME KAY STUBBS
STREET ADDRESS 32 LOCKERMAN SQ., SUITE L -100
CITY ST ZIP DOVER, DE 19901

TITLE T
NAME ROBERT E. PARSONS, JR.
STREET ADDRESS 10400 FERNWOOD ROAD
CITY ST ZIP BETHESDA, MD 20817

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

400001478094
-05/08/95--01014--010
***\$200.00 ***\$200.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

301-380-8742