

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 25, 2013
Secretary of State
CC5063103674

Entity Name: COLUMBIANATIONAL REAL ESTATE FINANCE, LLC

Current Principal Place of Business:

10270 OLD COLUMBIA ROAD, SUITE 600
COLUMBIA, MD 21046

Current Mailing Address:

10270 OLD COLUMBIA ROAD, SUITE 600
COLUMBIA, MD 21046

FEI Number: 52-2288064

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CORDES, MICHAEL S
Address 100 EAST PRATT ST SUITE 2540
City-State-Zip: BALTIMORE MD 21202

Title MGR
Name KOCH, JR., R. LAWRENCE MR
Address 100 E. PRATT STREET, SUITE 2540
City-State-Zip: BALTIMORE MD 21202

Title MGR
Name WEEKS, LOUIS MR
Address 100 E. PRATT STREET, SUITE 2540
City-State-Zip: BALTIMORE MD 21202

Title MGR
Name DELL, TIM MR
Address 100 E. PRATT STREET, SUITE 2540
City-State-Zip: BALTIMORE MD 21202

Title MGR
Name PARK, SCOTT H
Address 1667 K STREET, N.W., SUITE 500
City-State-Zip: WASHINGTON DC 20006

Title MGR
Name EDWARDS, JOSEPH RIII
Address 1667 K STREET, N.W., SUITE 500
City-State-Zip: WASHINGTON DC 20006

Title MANAGER
Name ROGER, DAVID
Address 1667 K STREET, N.W., SUITE 510
City-State-Zip: WASHINGTON DC 20006

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: R. LAWRENCE KOCH, JR.

MGR

01/25/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date