

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1500009228

Entity Name: 3206 GRAND AVENUE, LLC

Current Principal Place of Business:

909 ROSE AVENUE, SUITE 200
NORTH BETHESDA, MD 20852

Current Mailing Address:

909 ROSE AVENUE, SUITE 200
NORTH BETHESDA, MD 20852 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 ASST. SECRETARY
Name HOUGH, DARLENE M
Address 909 ROSE AVENUE, SUITE 200
City-State-Zip: NORTH BETHESDA MD 20852

Title SVP - DEVELOPMENT
Name MEISER, RAMSEY
Address 909 ROSE AVENUE, SUITE 200
City-State-Zip: NORTH BETHESDA MD 20852

Title EXECUTIVE VP - CORPORATE
Name BECKER, DAWN M
Address 909 ROSE AVENUE, SUITE 200
City-State-Zip: NORTH BETHESDA MD 20852

Title VP - CONSTRUCTION
Name DILLON, PATRICK
Address 909 ROSE AVENUE, SUITE 200
City-State-Zip: NORTH BETHESDA MD 20852

Title EXECUTIVE VP - EASTERN REGION
PRESIDENT
Name SEHER, WENDY
Address 909 ROSE AVENUE, SUITE 200
City-State-Zip: NORTH BETHESDA MD 20852

Title EXECUTIVE VP - CHIEF FINANCIAL
OFFICER AND TREASURER
Name GUGLIELMONE, DANIEL
Address 909 ROSE AVENUE, SUITE 200
City-State-Zip: NORTH BETHESDA MD 20852

Title VP - ASSET MANAGEMENT
Name MELGARD, CHRISTIAN
Address 909 ROSE AVENUE, SUITE 200
City-State-Zip: NORTH BETHESDA MD 20852

Title DIRECTOR - TENANT COORDINATION
Name WHITACRE, AMY
Address 909 ROSE AVENUE, SUITE 200
City-State-Zip: NORTH BETHESDA MD 20852

Continues on page 2

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DARLENE M. HOUGH

ASSISTANT SECRETARY

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title PROJECT MANAGER, CONSTRUCTION AND
TENANT SERVICES
Name MILES, ALEXANDRA
Address 909 ROSE AVENUE, SUITE 200
City-State-Zip: NORTH BETHESDA MD 20852

Title REGIONAL MANAGER
Name RIVAS, WILLIAM
Address 909 ROSE AVENUE, SUITE 200
City-State-Zip: NORTH BETHESDA MD 20852