

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214533127

1.) CORPORATION NAME:

B.F. Saul Property Company

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0287641**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7501 WISCONSIN AVENUE
SUITE 1500E

CITY/ST/ZIP: BETHESDA, MD 20814-6522

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	PATRICK T CONNORS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	7501 WISCONSIN AVENUE SUITE 1500		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814-6522		

NAME:	JOEL A FRIEDMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	7501 WISCONSIN AVENUE SUITE 1500E		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814-6522		

NAME:	JESSICA L PARKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	7501 WISCONSIN AVENUE SUITE 1500		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814-6522		

NAME:	MARK G CARRIER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	7501 WISCONSIN AVENUE SUITE 1500		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814-6522		

NAME:	B. FRANCIS SAUL II	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	7501 WISCONSIN AVENUE SUITE 1500		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814-6522		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINE N. KEARNS DIRECTOR 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. PAGE LANSDALE DIRECTOR 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE M. ROGERS, JR. DIRECTOR 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW M. SAUL II DIRECTOR 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN R. WHITMORE DIRECTOR 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	B. FRANCIS SAUL II C.E.O. 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. PAGE LANSDALE PRES. & C.O.O 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JESSICA L. PARKER SECRETARY 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRYON S. BARLOW SVP- OFF. MNGMT 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOEL A. FRIEDMAN SVP & TREASURER 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH F. KOVACH SVP 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK G. CARRIER SVP 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN N. COREY SVP 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA I. REIFSNIDER SVP 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA , MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DERRICK A. WADE SVP 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD A HACHEY SVP 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN A. SPAIN SVP 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN S. WALSH SVP 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. SCOTT CAMPBELL SVP 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK A. HARDY SVP 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY LOU MAYER SVP 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY LANDERS SVP 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS McLAUGHLIN SVP 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHAUN SMITHSON SVP 7501 ISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES WEADBOCK SVP 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAMYE L. MACKEY ASST VP 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES M. VALENT ASST. VP 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN M. HICKMAN ASST. VP 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH D. GAULT ASST TREASURER 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK JENNINGS CONTROLLER 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	KIMBERLY J. ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	7501 WISCONSIN AVENUE		
	SUITE 1500		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814-6522		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JESSICA L.PARKER	JESSICA L.PARKER,	6/26/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.