

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214533152

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.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	J. PAGE LANSDALE				
TITLE:	PRES & COO				
ADDRESS:	7501 WISCONSIN AVENUE SUITE 1500				
CITY/ST/ZIP/CO:	BETHESDA, MD 20814-6522				

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

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

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

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

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:	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:	B. FRANCIS SAUL II Chairman 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:	KIMBERLEY J. ANDERSON ASST 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 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 VICE PRESIDENT 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:	PATRICK T. CONNORS 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:	DONALD A. HACHEY VICE PRESIDENT 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 VICE PRESIDENT 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: 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:	TERRY LANDERS VICE PRESIDENT 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 VICE PRESIDENT 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 VICE PRESIDENT 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:	BARBARA I. REIFSNIDER VICE PRESIDENT 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 VICE PRESIDENT 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:	JOHN A. SPAIN VICE PRESIDENT 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 VICE PRESIDENT 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 VICE PRESIDENT 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 WEADBOCK VICE PRESIDENT 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:	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:	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

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, SECRETARY	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.