GENERAL SERVICES ADMINISTRATION
SUPPLEMENTAL AGREEMENT
SUPPLEMENTAL LEASE AGREEMENT
PUBLIC BUILDINGS SERVICE No. 2
TO LEASE NO. LMD12546

ADDRESS OF PREMISES
Forestville Business Park
7945-7955 Fernham Lane
Forestville, MD 20747-4518

THIS AGREEMENT, made and entered into this date by and between Schraf Limited Partnership
whose address is: Schraf Limited Partnership
4640 Forbes Blvd Suite 300
Lanham, MD 20706-4887

Hereinafter called the Lessor, and the UNITED STATES OF AMERICA, hereinafter called the Government:

WHEREAS, the parties hereto desire to amend the above Lease.

NOW THEREFORE, these parties for the considerations hereinafter covenant and agree that the said lease is
hereby amended effective 6/24/2013 as follows:

Issued to reflect the annual operating cost escalation provided for in the basic lease agreement.

<table>
<thead>
<tr>
<th>Description</th>
<th>May 2012</th>
<th>0</th>
<th>May 2013</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base (CPI-W-U.S. City Avg)</td>
<td></td>
<td></td>
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<tr>
<td>Corresponding Index</td>
<td></td>
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<tr>
<td>Base Operating Cost Per Lease</td>
<td></td>
<td></td>
<td>50,749.60</td>
<td></td>
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<tr>
<td>% Increase in CPI-W</td>
<td>0.012352162</td>
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<tr>
<td>Annual Increase in Operating Cost</td>
<td>626.87</td>
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<td></td>
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<tr>
<td>Less Previous Escalation Paid</td>
<td>-</td>
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<td></td>
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<tr>
<td>Annual Increase in Operating Cost Due Lessor</td>
<td>626.87</td>
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</tbody>
</table>

Effective 6/24/2013, the annual rent is increased by $626.87.
The new annual rent is $155,830.71 payable at the rate of $12,985.89 per month.

The rent shall be made payable to: Schraf Limited Partnership
4640 Forbes Blvd Suite 300
Lanham, MD 20706-4887

All other terms and conditions of the lease shall remain in force and effect.

IN WITNESS WHEREOF, the parties subscribed their names as of the above date.

LESSOR: Schraf Limited Partnership

BY __________________________ (Signature) __________________________ (Title)

IN THE PRESENCE OF __________________________ (Signature) __________________________ (Address)

UNITED STATES OF AMERICA

BY __________________________ Contracting Officer: GSA, NCR, PBS, REAG (Official Title)

GSA FORM 276