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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GOLD KEY FLORIDA HOTEL CORP.

Principal Place of Business	Mailing Address
PACIFIC CENTER 1 14180 DALLAS PKWY. STE 900 DALLAS TX 75240-4376 US	PACIFIC CENTER 1 14180 DALLAS PKWY. STE 900 DALLAS TX 75240-4376 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/09/1993
3a. Date of Last Report: 03/09/1994

2. Principal Place of Business
21 c/o Ashford Financial Corp.
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 c/o Ashford Financial Corp.
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-3179453 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
20 TITLE	PD	11 TITLE	☐ Change ☐ Addition
20 NAME	FISHER, RICHARD L	12 NAME	
20 STREET ADDRESS	299 PARK AVENUE	13 STREET ADDRESS	
20 CITY ST ZIP	NEW YORK NY 10017	14 CITY ST ZIP	
20 TITLE	VSD	21 TITLE	☐ Change ☐ Addition
20 NAME	EDELMAN, MARTIN L	22 NAME	
20 STREET ADDRESS	280 PARK AVENUE	23 STREET ADDRESS	
20 CITY ST ZIP	NEW YORK NY 10017	24 CITY ST ZIP	
20 TITLE	VT	31 TITLE	☐ Change ☐ Addition
20 NAME	KIMICHIK, DAVID	32 NAME	
20 STREET ADDRESS	14180 DALLAS PARKWAY	33 STREET ADDRESS	
20 CITY ST ZIP	DALLAS TX 75240	34 CITY ST ZIP	
20 TITLE	VD	41 TITLE	☐ Change ☐ Addition
20 NAME	LELAND, MARC	42 NAME	
20 STREET ADDRESS	1001 19TH STREET NORTH	43 STREET ADDRESS	
20 CITY ST ZIP	ARLINGTON VA 22209	44 CITY ST ZIP	
20 TITLE	VD	51 TITLE	☐ Change ☐ Addition
20 NAME	BENNETT, MONTY	52 NAME	
20 STREET ADDRESS	14180 DALLAS PARKWAY	53 STREET ADDRESS	
20 CITY ST ZIP	DALLAS TX 75240	54 CITY ST ZIP	
20 TITLE	AS	61 TITLE	☐ Change ☐ Addition
20 NAME	SLAYTON, JOHN	62 NAME	
20 STREET ADDRESS	1001 19TH STREET NORTH	63 STREET ADDRESS	
20 CITY ST ZIP	ARLINGTON VA 22209	64 CITY ST ZIP	

14. To the best of my knowledge and belief, the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Kimichik 2/19/95 214-490-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0302732 CP