

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90117 010 ***150.00

DOCUMENT # F96000005445

1. Entity Name

AGHL GP, INC.

Principal Place of Business

Mailing Address

1010 WISCONSIN AVE NW
 C/O MERISTAR HOSPITALITY
 WASHINGTON DC 20007

1010 WISCONSIN AVE NW
 C/O MERISTAR HOSPITALITY
 WASHINGTON DC 20007-3603

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-2659659**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	WHETSELL, PAUL	
STREET ADDRESS	1010 WISCONSIN AVE	
CITY-ST-ZIP	WASHINGTON DC 75038	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORNS, STEVEN D	
STREET ADDRESS	5605 MACARTHUR BLVD., STE 1200	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILES, BRUCE G	
STREET ADDRESS	1010 WISCONSIN AVE N.W	
CITY-ST-ZIP	WASHINGTON DC 75038	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BENNETT, CHRISTOPHER L	
STREET ADDRESS	1010 WISCONSIN AVE. NW	
CITY-ST-ZIP	WASHINGTON DC 20007	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00 202-965-4455