2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 08:00 AM
Secretary of State

DOCUMENT # **F96000006615**

1. Entity Name
LIBERTY HOSPITALITY GROUP, INC.

Principal Place of Business	Mailing Address
600 ATLANTIC AVENUE	600 ATLANTIC AVENUE
BOSTON MA	BOSTON MA
022102214 US	022102214 US

2. Principal Place of Business	3. Mailing Address
175 BERKELEY STREET, MAIL STOP: 03E	175 BERKELEY STREET, MAIL STOP: 03E
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOSTON MA	City & State: BOSTON MA
Zip: 02117 Country: US	Zip: 02117 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-3096030 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ 04/23/2001
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S GILVAR BARRY 175 BERKELEY STREET BOSTON MA 02117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEGG DEXTER R 175 BERKELEY STREET BOSTON MA 02117	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOCERI ANTHONY R 17260 HARBOUR POINTE DRIVE FORT MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONDRIN J. PAUL 175 BERKELEY STREET BOSTON MA 02117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BENNING JOHN A 600 ATLANTIC AVE. BOSTON MA 022102210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KALLANDER KAREN 175 BERKELEY STREET BOSTON MA 02117	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCCARTHY JOHN M 600 ATLANTIC AVENUE BOSTON MA 022102214	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCCARTHY JOHN M 175 BERKELEY STREET BOSTON MA 02117	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARINELLA SABINO 600 ATLANTIC AVE. BOSTON MA 022102210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MANSFIELD CHRISTOPHER C 175 BERKELEY STREET BOSTON MA 02117	☒ Change ☐ Addition

CR2E034 (11/00)

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: KALLANDER, KAREN TD 04/23/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OSTROW, GARY J. VICE PRESIDENT
175 BERKELEY STREET

BOSTON, MA 02117