


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90013 014 ***150.00

U111085

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004159 ✓
 1. Corporation Name
HUMPHREY HOSPITALITY REIT TRUST, INC.

Principal Place of Business 12301 OLD COLUMBIA PIKE SILVER SPRING, MD 20904	Mailing Address 12301 OLD COLUMBIA PIKE SILVER SPRING MD 20904
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/07/1997	
21		26		4. FEI Number 52-6891397	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHREY, JAMES I JR	1.2 NAME	
STREET ADDRESS	12301 OLD COLUMBIA PIKE, SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD 20904	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, ANDREW A MD	2.2 NAME	
STREET ADDRESS	12301 OLD COLUMBIA PIKE, SUITE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD 20904	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, LEAH T	3.2 NAME	
STREET ADDRESS	12301 OLD COLUMBIA PIKE, SUITE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD 20904	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTEMORE, GEORGE R	4.2 NAME	
STREET ADDRESS	12301 OLD COLUMBIA PIKE, SUITE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD 20904	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, MARGARET	5.2 NAME	
STREET ADDRESS	12301 OLD COLUMBIA PIKE, SUITE 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD 20904	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: _____ DATE: 7/2/99

CR2E034 (5/99)

593808-9003-14
F97000004159

Humphrey Hospitality Reits
Trust: (301) 680-4366

We did not receive
the first notice ^{the} of annual
report document. I called
your office to inform you
of that and was told
to pay the \$150 fee, which
is the original fee. You
Thank You
Jamisa Kamara