

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90038 031 \*\*\*550.00

**DOCUMENT # F97000004159**

1. Entity Name  
**HUMPHREY HOSPITALITY REIT TRUST, INC.** ✓



DO NOT WRITE IN THIS SPACE

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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>52-6891397</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HUMPHREY, JAMES I JR</b> <b>12301 OLD COLUMBIA PIKE, SUITE 300</b> <b>SILVER SPRING MD 20904</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAYER, ANDREW A MD</b> <b>12301 OLD COLUMBIA PIKE, SUITE 300</b> <b>SILVER SPRING MD 20904</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBINSON, LEAH T</b> <b>12301 OLD COLUMBIA PIKE, SUITE 300</b> <b>SILVER SPRING MD 20904</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITEMORE, GEORGE R</b> <b>12301 OLD COLUMBIA PIKE, SUITE 300</b> <b>SILVER SPRING MD 20904</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALLEN, MARGARET</b> <b>12301 OLD COLUMBIA PIKE, SUITE 300</b> <b>SILVER SPRING MD 20904</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE CHAIRMAN &amp; COO</b> <b>HUMPHREY, JAMES I JR</b> <b>12301 OLD COLUMBIA PIKE, SUITE 300</b> <b>SILVER SPRING, MD 20904</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN &amp; CEO</b> <b>PAUL J SCHULTE</b> <b>309 NORTH 5TH STREET</b> <b>NORFOLK, NE 68702</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR, EXECUTIVE VP &amp; SECRETARY</b> <b>STEVE H BORGMANN</b> <b>309 NORTH 5TH STREET</b> <b>NORFOLK, NE 68702</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>LOREN STEELE</b> <b>12301 OLD COLUMBIA PIKE, SUITE 300</b> <b>SILVER SPRING, MD 20904</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>JOSEPH CAGGIANO</b> <b>12301 OLD COLUMBIA PIKE, SUITE 300</b> <b>SILVER SPRING, MD 20904</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>JEFFREY M ZWERDLING</b> <b>12301 OLD COLUMBIA PIKE, SUITE 300</b> <b>SILVER SPRING, MD 20904</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 REQUIRED** *[Signature]* **7/24/2000** **301-680-4343**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)