

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90265 049 \*\*\*150.00

**DOCUMENT # F99000004788**

1. Entity Name

**EXECUSTAY CORPORATION**

Principal Place of Business

Mailing Address

DEPT. 52.924.13  
 10400 FERNWOOD ROAD  
 BETHESDA MD 20817

DEPT. 52.924.13  
 10400 FERNWOOD ROAD  
 BETHESDA MD 20817-1109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-2137450**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, WILLIAM J	NAME	
STREET ADDRESS	21 BRIDLE COURT	STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULSE, M. LESTER JR.	NAME	
STREET ADDRESS	11202 FARMLAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, W. DAVID	NAME	
STREET ADDRESS	2112 HUIDEKOPER PLACE, NW	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20007	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZ, NANCY L	NAME	
STREET ADDRESS	9132 WILLOWGATE LANE	STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANT, JEFF	NAME	
STREET ADDRESS	717 N. OAKLAND STREET	STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22203	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLON, CAROLYN B	NAME	
STREET ADDRESS	1215 POTOMAC SCHOOL ROAD	STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22107	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:

*Nancy L. Benz*  
 NANCY L. BENZ

4/12/00 (301) 380-8742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #