


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

061

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000004788**

1. Entity Name  
**EXECUSTAY CORPORATION**



Principal Place of Business <b>DEPT. 52.924.13 10400 FERNWOOD ROAD BETHESDA, MD 20817</b>	Mailing Address <b>DEPT. 52.924.13 10400 FERNWOOD ROAD BETHESDA, MD 20817</b>
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**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>52-2137450</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCARTHY, ROBERT J 10400 FERNWOOD ROAD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PULSE, M. LESTER JR. 11202 FARMLAND DRIVE ROCKVILLE, MD 20852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAUBACH, GREGORY L 10400 FERNWOOD ROAD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BENZ, NANCY L 9132 WILLOWGATE LANE POTOMAC, MD 20854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STANT, JEFF 717 N. OAKLAND STREET ARLINGTON, VA 22203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, JULIE S 10400 FERNWOOD ROAD BETHESDA, MD 20817

U00000135774  
04/28/04-80070-020 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy L Benz* **04-23-04** **301-380-8742**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #