


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000004788</b>					
1. Entity Name <b>EXECUSTAY CORPORATION</b>					
Principal Place of Business DEPT. 52.924.13 10400 FERNWOOD ROAD BETHESDA MD 20817			Mailing Address DEPT. 52.924.13 10400 FERNWOOD ROAD BETHESDA MD 20817		
2. Principal Place of Business			3. Mailing Address		
Suits, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>52-2137450</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE				DATE	
Signature, typed or printed name of registered agent and title if applicable				(NOTE Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	MCCARTHY, ROBERT J		NAME		
STREET ADDRESS	10400 FERNWOOD ROAD		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20817		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		
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		
NAME	LAUBACH, GREGORY L		NAME		
STREET ADDRESS	10400 FERNWOOD ROAD		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20817		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		
NAME	BENZ, NANCY L		NAME		
STREET ADDRESS	8132 WILLOWGATE LANE		STREET ADDRESS		
CITY-ST-ZIP	POTOMAC MD 20854		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		
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		
NAME	ROBERTS, JULIE S		NAME		
STREET ADDRESS	10400 FERNWOOD ROAD		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20817		CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

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 05/03/06-80070-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*

3/24/06