

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Jan 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003605 (0)

1. Corporation Name  
**BOYKIN LODGING COMPANY**



Principal Place of Business <b>50 PUBLIC SQUARE, 1500 TERMINAL TOWER CLEVELAND OH 44113-2258</b>	Mailing Address <b>50 PUBLIC SQUARE, 1500 TERMINAL TOWER CLEVELAND OH 44113</b>
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2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>07/17/1996</b>		3a. Date of Last Report	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>34-1824586</b>		Applied For Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Zip <b>29</b>		Country <b>30</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b>	1.1 TITLE	<b>D</b>
NAME	<b>BOYKIN, ROBERT W</b>	1.2 NAME	<b>Adams, Albert T.</b>
STREET ADDRESS	<b>50 PUBLIC SQUARE STE 1500</b>	1.3 STREET ADDRESS	<b>1900 E. NINTH ST., STE 3200</b>
CITY-ST-ZIP	<b>CLEVELAND OH</b>	1.4 CITY-ST-ZIP	<b>Cleveland OH 44114</b>
TITLE	<b>TD</b>	2.1 TITLE	<b>D</b>
NAME	<b>HEITLAND, RAYMOND P</b>	2.2 NAME	<b>Howley, Lee C</b>
STREET ADDRESS	<b>50 PUBLIC SQUARE STE 1500</b>	2.3 STREET ADDRESS	<b>30400 Detroit Rd, Ste 401</b>
CITY-ST-ZIP	<b>CLEVELAND OH</b>	2.4 CITY-ST-ZIP	<b>Westlake OH 44145</b>
TITLE	<b>V</b>	3.1 TITLE	<b>D</b>
NAME	<b>BISHOP, MARK L</b>	3.2 NAME	<b>Hulet, William N.</b>
STREET ADDRESS	<b>50 PUBLIC SQUARE STE 1500</b>	3.3 STREET ADDRESS	<b>1 Key Plaza</b>
CITY-ST-ZIP	<b>CLEVELAND OH</b>	3.4 CITY-ST-ZIP	<b>Cleveland OH 44114</b>
TITLE		4.1 TITLE	<b>D</b>
NAME		4.2 NAME	<b>MOSIER, FRANK E.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1111 SUPERIOR AVE., STE 785</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Cleveland OH 44114</b>
TITLE		5.1 TITLE	<b>D</b>
NAME		5.2 NAME	<b>Winfield, Ivan J.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>30901 AINSWORTH DR.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Pepper Pike OH 44124</b>
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: Raymond P. Heitland **REQUIRED** 1/17/97 216/241.6375  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Raymond P. Heitland 0627539

CR2E034 (9/96)