

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90129 013 ***150.00

DOCUMENT # F96000003605

1. Corporation Name
BOYKIN LODGING COMPANY



Principal Place of Business
**50 PUBLIC SQUARE, 1500 TERMINAL TOWER
CLEVELAND OH 44113-2258**

Mailing Address
**50 PUBLIC SQUARE, 1500 TERMINAL TOWER
CLEVELAND OH 44113-2258**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1996

4. FEI Number

34-1824586

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 45 W. Prospect Ave.

Suite, Apt. #, etc.

22 Guildhall Bldg., #1500

City & State

23 Cleveland, Ohio

Zip

24 44115

Country

25 USA

2a. Mailing Address

26 45 W. Prospect Ave.

Suite, Apt. #, etc.

27 Guildhall Bldg., #1500

City & State

28 Cleveland, Ohio

Zip

29 44115

Country

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE
NAME **BOYKIN, ROBERT W**
STREET ADDRESS **50 PUBLIC SQUARE STE 1500**
CITY-STATE-ZIP **CLEVELAND OH**

TITLE **S** ☐ DELETE
NAME **HEITLAND, RAYMOND P**
STREET ADDRESS **50 PUBLIC SQUARE STE 1500**
CITY-STATE-ZIP **CLEVELAND OH 44113**

TITLE **V** ☐ DELETE
NAME **BISHOP, MARK L**
STREET ADDRESS **50 PUBLIC SQUARE STE 1500**
CITY-STATE-ZIP **CLEVELAND OH**

TITLE **D** ☐ DELETE
NAME **ADAMS, ABLERT T**
STREET ADDRESS **1900 E NINTH ST, STE 3200**
CITY-STATE-ZIP **CLEVELAND OH**

TITLE **D** ☐ DELETE
NAME **HOWLEY, LEE C**
STREET ADDRESS **30400 DETROIT RD, STE 401**
CITY-STATE-ZIP **WESTLAKE OH**

TITLE **T** ☐ DELETE
NAME **PAUL A O'NEIL**
STREET ADDRESS **50 PUBLIC SQUARE #1500**
CITY-STATE-ZIP **CLEVELAND OH 44113**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** ☒ Change ☐ Addition
1.2 NAME **Boykin, Robert W.**
1.3 STREET ADDRESS **45 W. Prospect Ave., #1500, Guildhall Bldg**
1.4 CITY-STATE-ZIP **Cleveland, OH 44115**

2.1 TITLE **VS** ☐ Change ☒ Addition
2.2 NAME **Alexander, Andrew C.**
2.3 STREET ADDRESS **45 W. Prospect Ave., #1500, Guildhall Bldg.**
2.4 CITY-STATE-ZIP **Cleveland, Ohio 44115**

3.1 TITLE **V** ☒ Change ☐ Addition
3.2 NAME **Bishop, Mark L.**
3.3 STREET ADDRESS **45 W. Prospect Ave., #1500, Guildhall Bldg.**
3.4 CITY-STATE-ZIP **Cleveland, Ohio 44115**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Schecter, William H.**
5.3 STREET ADDRESS **1965 East Sixth St., Suite 1010**
5.4 CITY-STATE-ZIP **Cleveland, Ohio 44114-2214**

6.1 TITLE **T** ☒ Change ☐ Addition
6.2 NAME **O'Neil, Paul A.**
6.3 STREET ADDRESS **45 W. Prospect Ave., #1500, Guildhall Bldg.**
6.4 CITY-STATE-ZIP **Cleveland, Ohio 44115**

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul A. O'Neil, Treasurer 3/8/99

Date

Daytime Phone #

CR2034 (11/98)

0524285