

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90038 031 \*\*\*550.00

**DOCUMENT # F97000004159**

1. Entity Name

**HUMPHREY HOSPITALITY REIT TRUST, INC.** ✓

Principal Place of Business

12301 OLD COLUMBIA PIKE  
SILVER SPRING MD 20904

Mailing Address

12301 OLD COLUMBIA PIKE  
SILVER SPRING MD 20904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**52-6891397**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \$550.00**

**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE **PD** ☐ Delete  
NAME **HUMPHREY, JAMES I JR**  
STREET ADDRESS **12301 OLD COLUMBIA PIKE, SUITE 300**  
CITY-ST-ZIP **SILVER SPRING MD 20904**

TITLE **VICE CHAIRMAN & COO** ☒ Change ☐ Addition  
NAME **HUMPHREY, JAMES I JR**  
STREET ADDRESS **12301 OLD COLUMBIA PIKE, SUITE 300**  
CITY-ST-ZIP **SILVER SPRING, MD 20904**

TITLE **D** ☒ Delete  
NAME **MAYER, ANDREW A MD**  
STREET ADDRESS **12301 OLD COLUMBIA PIKE, SUITE 300**  
CITY-ST-ZIP **SILVER SPRING MD 20904**

TITLE **CHAIRMAN & CEO** ☐ Change ☒ Addition  
NAME **PAUL J SCHULTE**  
STREET ADDRESS **309 NORTH 5TH STREET**  
CITY-ST-ZIP **NORFOLK, NE 68702**

TITLE **D** ☒ Delete  
NAME **ROBINSON, LEAH T**  
STREET ADDRESS **12301 OLD COLUMBIA PIKE, SUITE 300**  
CITY-ST-ZIP **SILVER SPRING MD 20904**

TITLE **DIRECTOR, EXECUTIVE VP & SECRETARY** ☐ Change ☒ Addition  
NAME **STEVE H BORGMANN**  
STREET ADDRESS **309 NORTH 5TH STREET**  
CITY-ST-ZIP **NORFOLK, NE 68702**

TITLE **D** ☐ Delete  
NAME **WHITTEMORE, GEORGE R**  
STREET ADDRESS **12301 OLD COLUMBIA PIKE, SUITE 300**  
CITY-ST-ZIP **SILVER SPRING MD 20904**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **LOREN STEELE**  
STREET ADDRESS **12301 OLD COLUMBIA PIKE, SUITE 300**  
CITY-ST-ZIP **SILVER SPRING, MD 20904**

TITLE **D** ☒ Delete  
NAME **ALLEN, MARGARET**  
STREET ADDRESS **12301 OLD COLUMBIA PIKE, SUITE 300**  
CITY-ST-ZIP **SILVER SPRING MD 20904**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **JOSEPH CAGGIANO**  
STREET ADDRESS **12301 OLD COLUMBIA PIKE, SUITE 300**  
CITY-ST-ZIP **SILVER SPRING, MD 20904**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **JEFFREY M ZWERDLING**  
STREET ADDRESS **12301 OLD COLUMBIA PIKE, SUITE 300**  
CITY-ST-ZIP **SILVER SPRING, MD 20904**

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/2000

Date

301-680-4343

Daytime Phone #

CR2E034 (5/00)