

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F96000003605

1. Entity Name

BOYKIN LODGING COMPANY



FILED

04 MAY 10 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business

45 W PROSPECT AVE
GUILDHALL BLDG, #1500
CLEVELAND OH 44115
US

Mailing Address

45 W PROSPECT AVE
GUILDHALL BLDG, #1500
CLEVELAND OH 44115
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1824586

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete
NAME BOYKIN, ROBERT W
STREET ADDRESS 45 W PROSPECT AVE., #1500, GUILDHALL BLDG
CITY-ST-ZIP CLEVELAND OH 44115

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME ALEXANDER, ANDREW C
STREET ADDRESS 45 W PROSPECT AVE #1500 GUILDHALL BLDG
CITY-ST-ZIP CLEVELAND OH 44115

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME CONTI, RICHARD C
STREET ADDRESS 45 W PROSPECT AVE., #1500, GUILDHALL BLDG
CITY-ST-ZIP CLEVELAND OH 44115

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME JONES, SHEREEN P
STREET ADDRESS 45 W PROSPECT AVE., #1500, GUILDHALL BLDG
CITY-ST-ZIP CLEVELAND OH 44115

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SR VICE PRESIDENT
AND SECRETARY

04/22/2004 (216) 430-1202
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR