FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # 82677	9	(1)		
•	AIRPORT HOTELS, INC.		•		
11001	AIII OIII TIOTELO, ING.				T TO PAGE TO THE STATE OF THE PORT OF THE STATE OF THE ST
Principal Place	of Business	Mailing Addres	88		a tanada santa varia dirka randi santa libir njari njings didit njing njing njing 1 njing 1 njing 1 njing 1 nji
10400 FERNWOOD RD., DEPT. 862 BETHESDA MD 20817			NWOOD RD., DEPT. 8	52	
BETHESUA	MU 20817	DEPT 72/8 Betheso/	362 NMD 20817		
		US	THE LOCIT		3. Date Incorporated or Qualified 3a. Date of Last Report
2. Principal Pla	ce of Rusiness	2a. Mailing Add	Trans		09/21/1971 03/27/1995 4- FEI Number Applied For
21		26			95-2744596 Applied For Not Applied For
Suite, Apt. #, etc.		· · '	Suite, Apt. #, etc.		SR 75 Additional
22		27	end continued and continued and a second continued to the continued and		5. Certificate of Status Desired Fee Required
City & State			City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28	Count	n/	Added to Fees
24	25	29	30	' y	 This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes KN No
	9. Name and Address of Current	Registered Agen		**	10. Name and Address of New Registered Agent
			8	1 Name	me
PRENTICE-HALL CORPORATION SYSTEM, INC.			8	2 Stree	reet Address (P.O. Box Number is Not Acceptable)
	PRTH MAGNOLIA STREET HASSEE FL 32301		83		
IALLAF	1A35EE FL 32301		0	3	
			Ē	4 City	y 85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502 a	ind 607.1508, Flori	da Statutes, the above	. L ⊵named d	COrporation submits this statement for the number of changing its registered office
or registere familiar with	d agent, or both, in the State of Florida r, and accept the obligations of, Section	. Such change war n 607.0505 - Florida	s authorized by the co	poration'	ed corporation submits this statement for the purpose of changing its registered office on a board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE			Summos.		
S	lignaturo, typed or printes; name of registried agent ac	A second many many management and a second	territoria de la companya della companya della companya de la companya della comp	enit signature	Pure required when reinstaking) DATE
TITLE	PD OFFICERS AND	DIRECTORS X] De	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	MCCARTEN, WILLIAM W.	Y) I/C	1. 1 TITL 1.2 NAM		P/D Change 🙀 Addition
STREET ADDRESS	10400 FERNWOOD ROAD			: Et address	Christopher J. Nassetta
CITY-S1-ZIP	BETHESDA MD		1 4 CHY		Bethesda, MD 20817-1109
TITLE	AS	[] DE			V/AS Change X Addition
NAME	WALLACE, SUSAN E		2 2 NAM		Pamela J. Murch
STREET ADDRESS	10400 FERNWOOD RD.		2 3 STRE	ET ADDRESS	
CITY-ST-ZIF	BETHESDA MD		24 CITY	ST-ZIP	Bethesda, MD 20817-1109
TITLE	D	X] DE	LETE 3 1 TITE		V/T Change X Addition
NAME	MCCARTEN, WILLIAM W.		3 2 NAM		Scott A. LaPorta
STREET ADDRESS CHY-ST-ZIP	10400 FERNWOOD ROAD BETHESDA MD			E1 ADDRESS	
TITLE	VS	DE	34 CITY LETE 4 1 TITE		Bethesda, MD 20817-1109
NAME	TOWNSEND, C G	ر_) در	4.2 NAME		V/D ☐ Change ☑ Addition
STREET ADDRESS	10400 FERNWOOD RD.			T ADDRESS	Robert E. Parsons, Jr. 10400 Fernwood Road
CITY-ST-ZIP	BETHESDA MD		4.4 CITY-		Bethesda, MD 20817-1109
TITLE	AS	₹) DE			AS Change X Addition
NAME	WARREN, DOUGLAS B		5.2 NAME		Tracy M. J. Colden
STREET ADDRESS	10400 FERNWOOD RD.		5.3 STRE	I ADDRESS	
CITY-ST-ZIP	BETHESDA MD		5.4 CITY	ST-ZIP	Bethesda, Maryland 20817-1109
TITLE	VDT	⊼] D€			V ☐ Change ☒ Addition
NAME CTOCK! ADODECO	GREEN, JOHN M.		6.2 NAME		William E. Einstein
STREET ADDRESS	10400 FERNWOOD RD.		6.3 STREE	I ADDRESS	10400 Fernwood Road

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Nock 13 if changed, or on an atjachment with an address.

SIGNATURE:

SUKAL WALLACE Susan E. Wallace 4/18/96 (301) 380-9000 Described on Printed NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)