

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 826779 (1)
1. Corporation Name
HOST AIRPORT HOTELS, INC.



Principal Place of Business
10400 FERNWOOD RD., DEPT. 862
BETHESDA MD 20817

Mailing Address
10400 FERNWOOD RD., DEPT. 862
DEPT 72/862
BETHESDA MD 20817
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified 09/21/1971
3a. Date of Last Report 03/27/1995
4. FET Number 95-2744596
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 making filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	MCCARTEN, WILLIAM W.	10400 FERNWOOD ROAD	BETHESDA MD	<input checked="" type="checkbox"/>
AS	WALLACE, SUSAN E	10400 FERNWOOD RD.	BETHESDA MD	<input type="checkbox"/>
D	MCCARTEN, WILLIAM W.	10400 FERNWOOD ROAD	BETHESDA MD	<input checked="" type="checkbox"/>
VS	TOWNSEND, C G	10400 FERNWOOD RD.	BETHESDA MD	<input type="checkbox"/>
AS	WARREN, DOUGLAS B	10400 FERNWOOD RD.	BETHESDA MD	<input checked="" type="checkbox"/>
VDT	GREEN, JOHN M.	10400 FERNWOOD RD.	BETHESDA MD	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P/D	Christopher J. Nassetta	10400 Fernwood Road	Bethesda, MD 20817-1109	<input type="checkbox"/>
V/AS	Pamela J. Murch	10400 Fernwood Road	Bethesda, MD 20817-1109	<input type="checkbox"/>
V/T	Scott A. LaPorta	10400 Fernwood Road	Bethesda, MD 20817-1109	<input type="checkbox"/>
V/D	Robert E. Parsons, Jr.	10400 Fernwood Road	Bethesda, MD 20817-1109	<input type="checkbox"/>
AS	Tracy M. J. Colden	10400 Fernwood Road	Bethesda, Maryland 20817-1109	<input type="checkbox"/>
V	William E. Einstein	10400 Fernwood Road	Bethesda, MD 20817-1109	<input type="checkbox"/>

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 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: Susan E. Wallace Susan E. Wallace 4/18/96 (301) 380-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)