

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

FILED  
Mar 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **826779** (1)  
1. Corporation Name  
**HOST AIRPORT HOTELS, INC.**

Principal Place of Business <b>10400 FERNWOOD RD., DEPT. 862 BETHESDA MD 20817</b>	Mailing Address <b>10400 FERNWOOD RD., DEPT. 862 DEPT 72/862 BETHESDA MD 20817 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/21/1971</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>95-2744596</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST 105 TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	<b>FL</b>	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHRISTOPHER J. NASSETTA</b>	1.2 NAME	
STREET ADDRESS	<b>10400 FERNWOOD ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BETHESDA MD</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COBURN, ANNA MARY</b>	2.2 NAME	<b>WALLACE, SUSAN E.</b>
STREET ADDRESS	<b>10400 FERNWOOD RD.</b>	2.3 STREET ADDRESS	<b>10400 FERNWOOD ROAD</b>
CITY-ST-ZIP	<b>BETHESDA MD</b>	2.4 CITY-ST-ZIP	<b>BETHESDA, MD 20817-1109</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURTON, RICHARD A</b>	3.2 NAME	
STREET ADDRESS	<b>10400 FERNWOOD ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BETHESDA MD</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOWNSEND, C G</b>	4.2 NAME	
STREET ADDRESS	<b>10400 FERNWOOD RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BETHESDA MD</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARDINSKI, BRUCE D</b>	5.2 NAME	
STREET ADDRESS	<b>10400 FERNWOOD ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BETHESDA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT E. PARSONS, JR.</b>	6.2 NAME	
STREET ADDRESS	<b>10400 FERNWOOD ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BETHESDA MD</b>	6.4 CITY-ST-ZIP	

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.

SIGNATURE

3/17/98 (301) 380-9000

CR2E034 (10/97)