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 # **852009** **(0)**

1. Corporation Name

HOST INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
10400 FERNWOOD ROAD DEPT.862 BETHESDA MD 20817	10400 FERNWOOD ROAD DPET 72/862 BETHESDA MD 20817 US

3. Date Incorporated or Qualified: **02/26/1982**

3a. Date of Last Report: **03/27/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. F.E.I. Number: **52-1242334** ☐ Applied For ☐ Not Applicable

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	SVD	☐ Change ☒ Addition
NAME	MCCARTEN, WILLIAM W.		1.2 NAME	John J. McCarthy	
STREET ADDRESS	10400 FERNWOOD RD.		1.3 STREET ADDRESS	10400 Fernwood Road	
CITY-ST-ZIP	BETHESDA MD		1.4 CITY-ST-ZIP	Bethesda, MD 20817-1109	
TITLE	V	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MCKENA, STEPHEN J		2.2 NAME	Richard E. Marriott	
STREET ADDRESS	10400 FERNWOOD ROAD		2.3 STREET ADDRESS	10400 Ferwnood Road	
CITY-ST-ZIP	BETHESDA MD		2.4 CITY-ST-ZIP	Bethesda, MD 20817-1109	
TITLE	VD	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	GREEN, JOHN M.		3.2 NAME	Anita Cooke-Wells	
STREET ADDRESS	10400 FERNWOOD RD.		3.3 STREET ADDRESS	10400 Fernwood Road	
CITY-ST-ZIP	BETHESDA MD		3.4 CITY-ST-ZIP	Bethesda, MD 20817-1109	
TITLE	AS	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	WALLACE, SUSAN E		4.2 NAME	Lori A. Cramp	
STREET ADDRESS	10400 FERNWOOD ROAD		4.3 STREET ADDRESS	10400 Fernwood Road	
CITY-ST-ZIP	BETHESDA MD		4.4 CITY-ST-ZIP	Bethesda, MD 20817-1109	
TITLE	VS	☒ DELETE	5.1 TITLE	SV	☐ Change ☒ Addition
NAME	TOWNSEND, C G		5.2 NAME	Joe P. Martin	
STREET ADDRESS	10400 FERNWOOD RD		5.3 STREET ADDRESS	10400 Fernwood Road	
CITY-ST-ZIP	BETHESDA MD		5.4 CITY-ST-ZIP	Bethesda, MD 20817-1109	
TITLE	T	☒ DELETE	6.1 TITLE	AS	☐ Change ☒ Addition
NAME	GREEN, JOHN M		6.2 NAME	Douglass B. Warren	
STREET ADDRESS	10400 FERNWOOD RD		6.3 STREET ADDRESS	10400 Fernwood Road	
CITY-ST-ZIP	BETHESDA MD		6.4 CITY-ST-ZIP	Bethesda, MD 20817-1109	

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: Anita Cooke Wells Anita Cooke-Wells 4/18/96 (301) 380-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)