PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 852009

1. Corporation Name

HOST INTERNATIONAL, INC.

FILED
May 04, 1999 8:00 am
Secretary of State
•

05-04-1999 90080 030 ***150.00



Principal Place of Business Mailing Address							TAT BIRM BIRM B			
6600 ROCKLEDO	GE DRIVE	6600 ROCKLEDGE DRIV	6600 ROCKLEDGE DRIVE							
DEPT. 72-928. 8		DEPT. 72-928. 81				DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE			
BETHESDA MD US	20817	BETHESDA MD 20817 US				3. Date Incorporated or Qualifed *				
						02/26/1982				
2 Principal Pt	ace of Business	2a, Mailing Address	a. Mailing Address			4. FEI Number	☐ Ap	plied For		
21	dec of Dubinood	26				52-124233 <u>4</u>	No	t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_	\$8.75	Additional		
22		27				5. Certifcate of Status Desired	Fee Re	equired		
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be		
		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country			8. This corporation owes the current year Inter-				
24	25	29	30			Personal Property Tax.	Yes	□No		
	9. Name and Address of Current	Registered Agent			NI	10. Name and Address of New Registered	Agent			
חחרו	ITIOT HALL CODDODATION CVC	TEM INC		81	Name	_				
PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET				82	Street	Address (P.O. Box Number is Not Acceptable)	ess (P.O. Box Number is Not Acceptable)			
	AHASSEE FL 32301			83						
IALL	ANASSEE PL SZSUT			63						
				84	City	FI	85 Zip	Code		
44 0	the design of Postions 607 0503	and 607 1509 Florida St	atutes the	above	named	corporation submits this statement for the purpose of	 changing its	registered		
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	Stgnature, typed or printed name of registered agent	and title if applicable.	NOTE: Registe	red Ager	nt signature /	required when reinstating) DATE				
12.	OFFICERS AND			3.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	DRS IN 12		
TITLE	VD	☐ DELETE	1.1	TITLE			Change	☐ Addition		
NAME	JOHN J. MCCARTHY		1.2	NAME		_		ſ		
STREET ADDRESS	6600 ROCKLEDGE DR., DEPT. 7	72-928.81	1.3	STREET	TADORESS					
CITY-ST-ZIP	BETHESDA MD			CITY-S	T-ZIP					
TITLE	POX	[▲DELETE	2.1	TITLE		P	[X] Change	Addition		
NAME	MCCARTEN, WILLIAM W		2.2	NAME		Mccarten, William W.	70.0	00.01		
STREET ADDRESS	6600 ROCKLEDGE DR., DEPT. 7	72-928.81	2.3	STREE	FADDRESS		. 72-9	28-81		
CITY-\$T-ZIP	BETHESDA MD			4 CITY-S	T-ZIP	Bethesda, MD 20817		(T) Addision		
TITLE	D	☐ DELETE		TITLE			☐ Change	Addition		
NAME	O'HARE, THOMAS G		I	NAME						
STREET ADDRESS	6600 ROCKLEDGE DR., DEPT. 7	72-928.81			FADDRESS			ļ		
CITY-ST-ZIP	BETHESDA MD 20817		_	I. CITY-S	T-ZIP		Change	Addition		
TITLE	T	. DELETE	1	TITLE			∐ Cilange			
NAME	LORI A. CRAMP	20.000.04		2 NAME	_					
STREET ADDRESS	6600 ROCKLEDGE DR., DEPT.	/2-928.81			TADDRESS					
C/TY-ST-ZIP	BETHESDA MD			CITY-S	T-ZIP		☐ Change	Addition		
TITLE	SV	☐ 0E[E][NAME						
NAME	JOE P. MARTIN	70 000 01			TADDRESS					
STREET ADORESS	6600 ROCKLEDGE DR., DEPT. T	I 2-320.0 I		CITY-S				ļ		
CITY-ST-ZIP	BETHESDA MD V	☐ DELETI		TITLE	1 841	AS	☐ Change	X Addition		
TITLE	•			NAME		Laura A. Babin		- }		
NAME	BETHERS, BRIAN W	72,029 91			TADDRESS		72-928.	.81		
STREET ADDRESS	6600 ROCKLEDGE DR., DEPT. 1	1 6-360:0 I	1 "`			1110 modulidado 21., 20pc.				

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, with all other like empowered.

SIGNATURE:

REQUIRENTA A. Babin