2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
05-02-2000 90096 008 ***150.00

DOCUMENT # 852009

1. Entity Name

HOST INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
6600 ROCKLEDGE DRIVE DEPT. 72-928. 81 BETHESDA MD 20817 US	6600 ROCKLEDGE DRIVE DEPT. 72-928. 81 BETHESDA MD 20817-1806 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-1242334 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHN J. MCCARTHY 6600 ROCKLEDGE DR., DEPT. 72-928.81 BETHESDA MD	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P William W. McCarten 6600 Rockledge Drive Bethesda, MD 20817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCARTEN, WILLIAM W 6600 ROCKLEDGE DR., DEPT. 72-928.81 BETHESDA MD	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD John J. McCarthy 6600 Rockledge Drive Bethesda, MD 20817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'HARE, THOMAS G 6600 ROCKLEDGE DR., DEPT. 72-928.81 BETHESDA MD 20817	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD John M. Green 6600 Rockledge Drive Bethesda, MD 20817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LORI A. CRAMP 6600 ROCKLEDGE DR., DEPT. 72-928.81 BETHESDA MD	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Lawrence E. Hyatt 6600 Rockledge Drive Bethesda, MD 20817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV JOE P. MARTIN 6600 ROCKLEDGE DR., DEPT. 72-928.81 BETHESDA MD	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BETHERS, BRIAN W 6600 ROCKLEDGE DR., DEPT. 72-928.81 BETHESDA MD	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A Laura A. Babin 6600 Rockledge Drive Bethesda, MD 20817	☒ Change ☐ Addition

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laura A. Babin REQUIRED Laura A. Babin 4-25-00 (3010 380-2558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #