## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 852009** 

Entity Name: HOST INTERNATIONAL, INC.

FILED Mar 08, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

6600 ROCKLEDGE DRIVE 6905 ROCKLEDGE DRIVE DEPT. 72-928. 81 DEPT. 72-928. 81

BETHESDA, MD 20817 US BETHESDA, MD 20817 US

Current Mailing Address: New Mailing Address:

6600 ROCKLEDGE DRIVE 6905 ROCKLEDGE DRIVE DEPT. 72-928. 81 DEPT. 72-928. 81

BETHESDA, MD 20817 US BETHESDA, MD 20817 US

FEI Number: 52-1242334 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

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

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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name and Address of New Registered Agent:

 Name:
 MAALOUF, ELIE W
 Name:
 MAALOUF, ELIE W

 Address:
 6600 ROCKLEDGE DR., MS 6-3
 Address:
 6905 ROCKLEDGE DR., Coty-St-Zip:

 City-St-Zip:
 BETHESDA, MD 20817
 City-St-Zip:
 BETHESDA, MD 20817

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

 Name:
 BROWN, BERNARD N
 Name:
 BROWN, BERNARD N

 Address:
 6600 ROCKLEDGE DRIVE MS 3-1
 Address:
 6905 ROCKLEDGE DRIVE

 City-St-Zip:
 BETHESDA, MD 20817
 City-St-Zip:
 BETHESDA, MD 20817

 $\mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Change () Addition}$ 

 Name:
 POWERS, CHARLES E
 Name:
 POWERS, CHARLES E

 Address:
 6600 ROCKLEDGE DRIVE MS 3-1
 Address:
 6905 ROCKLEDGE DRIVE

 City-St-Zip:
 BETHESDA, MD 20817
 City-St-Zip:
 BETHESDA, MD 20817

Title: T ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 RATYCH, MARK T
 Name:
 RATYCH, MARK T

 Address:
 6600 ROCKLEDGE DRIVE MS 3-1
 Address:
 6905 ROCKLEDGE DRIVE

 City-St-Zip:
 BETHESDA, MD 20817
 City-St-Zip:
 BETHESDA, MD 20817

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\ ) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \ {\sf Change} \ (\ ) \ {\sf Addition}$ 

 Name:
 BABIN, LAURA A
 Name:
 BABIN, LAURA A

 Address:
 6600 ROCKLEDGE DR.,MS 6-3
 Address:
 6905 ROCKLEDGE DR

 City-St-Zip:
 BETHESDA, MD 20817
 City-St-Zip:
 BETHESDA, MD 20817

Title: AS ( ) Delete Title: AS (X) Change ( ) Addition

 Name:
 SANDERS, SADYE C
 Name:
 SANDERS, SADYE C

 Address:
 6600 ROCKLEDGE DRIVE MS 3-1
 Address:
 6905 ROCKLEDGE DRIVE

 City-St-Zip:
 BETHESDA, MD 20817
 City-St-Zip:
 BETHESDA, MD 20817

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SADYE C. SANDERS AS 03/08/2007