2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852009

Entity Name: HOST INTERNATIONAL, INC.

FILED May 06, 2008 Secretary of State

y		ENTONIAL, IIVO.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
DEPT. 72-9	KLEDGE DRIVI 928. 81 A, MD 20817	E US			
Current Mailing Address:			New Maili	ng Address:	
6905 ROCKLEDGE DRIVE DEPT. 72-928. 81 BETHESDA, MD 20817 US					
FEI Number:	52-1242334	FEI Number Applied For () FEI N	umber Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
110 NORT TALLAHAS	H MAGNOLIA S SSEE, FL 3230	1 US	of changing i	ts registered office or registered agent, or both,	
	of Florida.	ubinits this statement for the purpose	or changing i	is registered office of registered agent, or both,	
SIGNATURE:					
Electronic Signature of Registered Agent Date					
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () I MAALOUF, ELIE 6905 ROCKLED BETHESDA, MD	GE DR.,	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition MAALOUF, ELIE W 6905 ROCKLEDGE DR., BETHESDA, MD 20817	
Title: Name: Address: City-St-Zip:	VD () I BROWN, BERNA 6905 ROCKLED BETHESDA, MD	GE DRIVE	Title: Name: Address: City-St-Zip:	V (X) Change () Addition BROWN, BERNARD N 6905 ROCKLEDGE DRIVE BETHESDA, MD 20817	
Title: Name: Address: City-St-Zip:	D () I POWERS, CHAR 6905 ROCKLED BETHESDA, MD	GE DRIVE	Title: Name: Address: City-St-Zip:	V (X) Change () Addition TOWNSEND, CHRISTOPHER G 6905 ROCKLEDGE DRIVE BETHESDA, MD 20817	
Title: Name: Address: City-St-Zip:	T () I RATYCH, MARK 6905 ROCKLED BETHESDA, MD	GE DRIVE	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition RATYCH, MARK T 6905 ROCKLEDGE DRIVE BETHESDA, MD 20817	
Title: Name: Address: City-St-Zip:	SD () I BABIN, LAURA A 6905 ROCKLED BETHESDA, MD	GE DR	Title: Name: Address: City-St-Zip:	S (X) Change () Addition BABIN, LAURA A 6905 ROCKLEDGE DR BETHESDA, MD 20817	
Title: Name:	AS () I SANDERS, SAD		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: SADYE C. SANDERS AS 05/06/2008

City-St-Zip: BETHESDA, MD 20817