2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# 856693

Entity Name: WILSON HOTEL MANAGEMENT CO., INC.

Current Principal Place of Business:

8700 TRAIL LAKE DRIVE
SUITE 300
MEMPHIS, TN 38125

New Principal Place of Business:

Current Mailing Address:

8700 TRAIL LAKE DRIVE
SUITE 300
MEMPHIS, TN 38125

New Mailing Address:

FEI Number: 62-1164393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: WILSON, KEM JR
Address: 8700 TRAIL LAKE DR W STE 300
City-St-Zip: MEMPHIS, TN 38125

Title: ATVP
Name: WILSON, SPENCE
Address: 8700 TRAIL LAKE DR W STE 300
City-St-Zip: MEMPHIS, TN 38125

Title: S
Name: MCCLAIN, GARY
Address: 8700 TRIAL LAKE DR W STE 300
City-St-Zip: MEMPHIS, TN 38125

Title: V
Name: BATT, WILLIAM
Address: 8700 TRIAL LAKE DR W STE 300
City-St-Zip: MEMPHIS, TN 38125

Title: V
Name: WILSON, KEM JR
Address: 8700 TRAIL LAKE DRIVE W STE 300
City-St-Zip: MEMPHIS, TN 38125

Title: VD
Name: WILSON, ROBERT
Address: 8700 TRAIL LAKE DRIVE W STE 300
City-St-Zip: MEMPHIS, TN 38125

I hereby 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 all other like empowered.

SIGNATURE: GARY MCCLAIN SEC 03/08/2011

Electronic Signature of Signing Officer or Director — Date