

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 30 PM 3:09

1. Name of Limited Partnership

1a. DOCUMENT #
897000000345

Water Street Hotel, Ltd.

Mailing Address

Principal Office Address

3. Date Formed or Registered

10/14/97

5a. Capital Contributions as
Shown on record

17,640,000.00

3a. Date of Last Report

N/A

5b. Amount of Capital
Contributions in FLORIDA
to date:

- 0 -

2. Mailing Address

Foster Plaza X

2a. Principal Office Address

Foster Plaza X

Suite, Apt. #, etc.

680 Andersen Drive

Suite, Apt. #, etc.

680 Andersen Drive

City & State

Pittsburgh, PA

City & State

Pittsburgh, PA

Zip

15220

Country

USA

Zip

15220

Country

USA

4. State or Country of Formation

Delaware

6. FEI Number

23-2919629

☐

Applied For

☐

Not Applicable

7. Certificate of Status Desired

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\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

Itc/Jacksonville Corp.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

Foster Plaza X,
680 Andersen Drive

11b. City, State & Zip Code

Pittsburgh, PA 15220

11c. Registration/
Document Number

F97000004371

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-01/14/98--01031--020
****156.25 ****156.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

J. William Richardson

DATE

12/19/97

Typed or Printed Name of General Partner Signing Form

J. William Richardson

Daytime Telephone Number

(412) 937-0600

CR2E003 (6/97)