2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000245

Entity Name: CRESTLINE HOTELS & RESORTS, INC.

FILED Feb 22, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
8405 GREENSBORO DR., SUITE 500 MCLEAN, VA 22102				8405 GREENSBORO DR. SUITE 500-ABF MCLEAN, VA 22102		
Current Mailing Address:				New Mailing Address:		
8405 GREENSBORO DR., SUITE 500 MCLEAN, VA 22102				8405 GREENSBORO DR. SUITE 500-ABF MCLEAN, VA 22102		
FEI Number:	52-2214429	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1201 HAYS TALLAHAS	SSTREET SSEE, FL 3230		rnose o	f changing its registere	d office or registered agent, or both,	
in the State			. pooo o	r enanging he regionere	a cinico di regioterea agent, di beti,	
SIGNATUR						
	Electroni	ic Signature of Registered Agen	t		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DURBIN, DAVID	ORO DR., SUITE 500		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LIEBERMAN, EL	ORO DR., SUITE 500		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LIEBERMAN, EL	ORO DR., SUITE 500		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LIEBERMAN, ÉL	ORO DR SUITE 500		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DURBIN, DAVID	DRO DRIVE SUITE 500		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WARDINSKI, BF	ORO DRIVE SUITE 500		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELIZABETH R. LIEBERMAN SVP 02/22/2005