

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90011 003 ***150.00

DOCUMENT # F00000000245

1. Entity Name
CRESTLINE HOTELS & RESORTS, INC.



Principal Place of Business
**8405 GREENSBORO DR.
SUITE 500-ABF
MCLEAN, VA 22102**

Mailing Address
**8405 GREENSBORO DR.
SUITE 500-ABF
MCLEAN, VA 22102**

40008788



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2214429

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
DURBIN, DAVID L
8405 GREENSBORO DR., SUITE 500
MCLEAN, VA 22102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
DONAHUE, PIERRE
8405 GREENSBORO DRIVE SUITE 500
MCLEAN, VA 22102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
DURBIN, DAVID L
8405 GREENSBORO DRIVE SUITE 500
MCLEAN, VA 22102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
WARDINSKI, BRUCE D
8405 GREENSBORO DRIVE SUITE 500
MCLEAN, VA 22102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08

Date

571-332-1718

Daytime Phone #