

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # F01000000335</b> 1. Entity Name <b>MEI HOTELS INCORPORATED</b>			
Principal Place of Business <b>2350 ONE CLEVELAND CENTER 1375 EAST NINTH STREET CLEVELAND, OH 44114</b>		Mailing Address <b>2350 ONE CLEVELAND CENTER 1375 EAST NINTH STREET CLEVELAND, OH 44114</b>	
2. Principal Place of Business <b>1375 E. 9th Street</b> Suite, Apt. #, etc. <b>Suite 2350</b> City & State <b>Cleveland, OH</b> Zip <b>44114</b>		3. Mailing Address <b>1375 E. 9th Street</b> Suite, Apt. #, etc. <b>Suite 2350</b> City & State <b>Cleveland, OH</b> Zip <b>44114</b>	
4. FEI Number <b>34-1870717</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04192004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOYAR, BERT W 1375 EAST NINTH STREET, SUITE 2350 CLEVELAND, OH 44114	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SCFO MOYAR, DAVID M 1375 EAST NINTH STREET, SUITE 2350 CLEVELAND, OH 44114	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOYAR, DAVID W 1375 EAST NINTH STREET, SUITE 2350 CLEVELAND, OH 44114	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOYAR, MARJORIE M 1375 EAST NINTH STREET, SUITE 2350 CLEVELAND, OH 44114	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify 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 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.		000037303220 05/25/04--01070--007 **391.25	
<b>SIGNATURE:</b>		Date <b>4/20/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	