

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000000335

1. Entity Name

MEI HOTELS INCORPORATED



Principal Place of Business

1375 E. 9TH STREET
STE. 2350
CLEVELAND, OH 44114

Mailing Address

1375 E. 9TH STREET
STE. 2350
CLEVELAND, OH 44114



03242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

34-1870717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

PD

NAME

MOYAR, BERT W

STREET ADDRESS

1375 EAST NINTH STREET, SUITE 2350

CITY-ST-ZIP

CLEVELAND, OH 44114

TITLE

D

NAME

MOYAR, DAVID W

STREET ADDRESS

1375 EAST NINTH STREET, SUITE 2350

CITY-ST-ZIP

CLEVELAND, OH 44114

TITLE

D

NAME

MOYAR, MARJORIE M

STREET ADDRESS

1375 EAST NINTH STREET, SUITE 2350

CITY-ST-ZIP

CLEVELAND, OH 44114

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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04/13/06-80067-021 150.00

**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

3/24/06
Date

216-589-0944
Daytime Phone #