FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # FOLOOOOO 887

1. Enlity Name

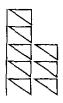
HAI Management, The.

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SECRETARY OF STATE TALLAHASSPE, FLORIDA

DO NOT WRITE IN THIS SPACE			7	
2. Principal Place of Business 7170 Riverwood Dr 7170 Riverwood Dr		REINSTATE	WENT 07	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite A			RITE IN THIS SPACE	
cicity & State, Columbia MD	City & State Columbia, M.D.		4. FEI Number 62-11835	79 Applied For Not Applicable
21046 Country USA	21046	US A	5. Certificate of Status Desired	\$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent Name Robert Thollander Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		
		CityM AIT	LAND	FL Zin Code 3751
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 Robert Thollander Signature, typed or brinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of S	State		Election Campaign F Trust Fund Contribut	
10. OFFICERS AND E	DIRECTORS	1715		
NAME Udoff Robert S. STREET ADDRESS TITO Riverwood Or CITY-ST-ZIP (Okt. 1863)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800025 12/11/0301011	108238 012 **150.00 \$
NAME Hoper, Bethany H.		TITLE NAME		12663
STREET ADDRESS 7170 Riverwood Or CITY-ST-ZIP Columbia, mo 21046		STREET ADDRESS CITY-ST-ZIP		}.
NAME Thollander Robert STREET ADDRESS 1961 King arthur Court CITY-ST-ZIP Winter Park FL32792		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT	WRITE
NAME Barila Timothy P STREET ADDRESS 7170 River Wood Dr		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	
CITY-ST-ZIP COlumbia, MO 21046 TITLE AS NAME Cavanaugh, Margaret M STREET ADDRESS 7170 Riverwood Dr CITY-ST-ZIP Columbia, MO 21045		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE CD HUM phray, James I Jr. STREET ADDRESS 7170 FIVERWOOD Dr CITY-ST-ZIP Columbia MO 21046		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other fixe empowered.				
SIGNATURE:SIGNATURE AND TYPED OR PR	NTED NAME OF SIGNING OFFICER OF	pat Udoff	12.5-03	443-259-4900



HUMPHREY HOSPITALITY MANAGEMENT, INC.

December 5, 2003

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

RE: HAI MANAGEMENT INC. **DOCUMENT # F01000000887**

Dear Sir or Madam:

I recently received notification that the above referenced entity had been administratively revoked from doing business in Florida for not having filed the annual report/uniform business report. I spoke with a representative and informed them that we had never received the form to submit. I was then told that I could get the form from the web page and that I should include this correspondence stating that we had not received the original form.

I am enclosing the filled out form and a check for \$150 based on the amount due for timely filing. If there is something more I need to do, please contact me at (443) 259-4932.

Thank you for your cooperation with this matter.

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Sincerely,

HUMPHROY MANAGEMENT

Sheri McGowan Controller (443) 259-4932

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