

# F01000001530

CT CORPORATION SYSTEM

FILED  
01 MAR 21 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Merstar Hotel Lessee, Inc.

0

500003890535--7  
03/21/01-01071-002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

500003890535--7  
03/21/01-01071-003  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

3/21/01

Order#: 3851039

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

RECEIVED  
01 MAR 21 AM 11:16  
DIVISION OF CORPORATION

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

RECEIVED  
SECRETARY OF STATE  
FLORIDA  
MAR 21 PM 2:26  
FILED

1. MeriStar Hotel Lessee, Inc.

## 2. Delaware

3. 52-2275057

4. November 6, 2000

5. perpetual

6. March 16, 2001

7. 1010 Wisconsin Avenue, NW

Washington, DC 20007

8. lessee of hospitality assets

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System

(Registered agent's signature)

**Hillary A. England**  
Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: BRUCE WILES

Address: 1010 WISCONSIN AVENUE, NW.

WASHINGTON, DC 20007

Vice Chairman: JOHN EMERY

Address: 1010 WISCONSIN AVENUE, NW

WASHINGTON, DC 20007

Director: CHRISTOPHER L. BENNETT

Address: 1010 WISCONSIN AVENUE, NW

WASHINGTON, DC 20007

Director: ALICIA KABIRI

Address: 1010 WISCONSIN AVENUE, NW

WASHINGTON, DC 20007

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: DAVID E. MCCASLIN

Address: 1010 WISCONSIN AVENUE, NW

WASHINGTON, DC 20007

Vice President: CHRISTOPHER L. BENNETT

Address: 1010 WISCONSIN AVENUE, NW

WASHINGTON, DC 20007

Secretary: CHRISTOPHER L. BENNETT

Address: 1010 WISCONSIN AVENUE, NW

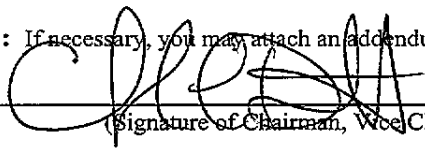
WASHINGTON, DC 20007

Treasurer: JOHN EMERY

Address: 1010 WISCONSIN AVENUE, NW

WASHINGTON, DC 20007

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. CHRISTOPHER L. BENNETT, VICE PRESIDENT & SECRETARY

(Typed or printed name and capacity of person signing application)

01 MAR 21 PM 3:28  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*State of Delaware*  
*Office of the Secretary of State*

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PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MERISTAR HOTEL LESSEE, INC." DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF MARCH, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED  
01 MAR 29 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3312076 8300

010131720

*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1028139

DATE: 03-16-01