FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90177 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000006304

1. Entity Name

Cornerstone Hospitality Group, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1401 Bank of America Ctr.	1401 Bank of America Ctr
Suite, Apt. #, etc. 100 S. Charles St.	Suite, Apt. #, etc. 100 S. Charles St.
City & State Balt. Md	City & State Balt. Md
Zip 21201 Country USA	Zip 21201 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 561770184 ☐ Applied For ☐ Not Applicable

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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Charles Taylor
STREET ADDRESS	245 Town Park Drive, Suite 500
CITY-ST-ZIP	Kennesaw, GA 30144
TITLE	Secretary; Assistant
NAME	Thomas J. Schetelich
STREET ADDRESS	100 S. Charles Street, Suite 1401
CITY-ST-ZIP	Balt. Md 21201
TITLE	Secretary
NAME	Deborah Cannon
STREET ADDRESS	245 Town Park Drive, Suite 500
CITY-ST-ZIP	Kennesaw, GA 30144

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas J. Schetelich 2/4/02 410 837-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Thomas J. Schetelich — Date — Daytime Phone #