

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000000266

1. Entity Name

CROSSROADS HOSPITALITY MANAGEMENT COMPANY



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 25 AM 7:47

Principal Place of Business

4501 N. FAIRFAX DRIVE, STE. 500
ARLINGTON, VA 22203

Mailing Address

4501 N. FAIRFAX DRIVE, STE. 500
ARLINGTON, VA 22203

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number

25-1841659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HEWITT, THOMAS
STREET ADDRESS 4501 N. FAIRFAX DRIVE, STE. 500
CITY-ST-ZIP ARLINGTON, VA 22203

TITLE EVPS
NAME BENNETT, CHRISTOPHER
STREET ADDRESS 4501 N. FAIRFAX DRIVE, STE. 500
CITY-ST-ZIP ARLINGTON, VA 22203

TITLE T
NAME RIGGINS, BRUCE
STREET ADDRESS 4501 N. FAIRFAX DRIVE, STE. 500
CITY-ST-ZIP ARLINGTON, VA 22203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200086746222
01/31/07--01010--014 **1050.00

**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

Date

Daytime Phone #