

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003525

FILED
Jan 21, 2004
Secretary of State

Entity Name: AHT RES II GP, INC.

Current Principal Place of Business:

10 SOUTH THIRD STREET
RICHMOND, VA 23219

New Principal Place of Business:

Current Mailing Address:

10 SOUTH THIRD STREET
RICHMOND, VA 23219

New Mailing Address:

FEI Number: 03-0459315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: KNIGHT, GLADE M
Address: 10 SOUTH THIRD STREET
City-St-Zip: RICHMOND, VA 23219

Title: VS () Delete
Name: HART, J. PHILIP
Address: 10 SOUTH THIRD STREET
City-St-Zip: RICHMOND, VA 23219

Title: VT () Delete
Name: MCKENNEY, DAVID S
Address: 10 SOUTH THIRD STREET
City-St-Zip: RICHMOND, VA 23219

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: HORNE, ADRIENNE M
Address: 1209 ORANGE STREET
City-St-Zip: WILMINGTON, DE 19801

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLADE M. KNIGHT

PCD

01/21/2004

Electronic Signature of Signing Officer or Director

_____ Date