2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
04 DEC 23 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000000140

1. Entity Name
HOLLADAY PROPERTY SERVICES MIDWEST, INC.

Principal Place of Business	Mailing Address
227 SOUTH MAIN STREET, STE. 300 SOUTH BEND, IN 46601	227 SOUTH MAIN STREET, STE. 300 SOUTH BEND, IN 46601

11032004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-2128493 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Ed Hand - Asst. Sec. DATE: 12/15/04
Signature, printed or typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will Be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PHAIR, JOHN T 227 SOUTH MAIN STREET, STE. 300 SOUTH BEND, IN 46601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200042755642 11/15/04--01076--003 **750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLADAY, WALLACE F JR 3400 IDAHO AVENUE NW, STE. 500 WASHINGTON, DE 20016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GIBSON, THOMAS C 030 FESSLEER PKWY., STE. 100 NASHVILLE, TN 37224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 04
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LASKOWSKI, JAMES W 227 SOUTH MAIN STREET, STE. 300 SOUTH BEND, IN 46601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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] 11/3/04 574-234-2873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #