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ACCOUNT NO. : 07210000032

REFERENCE : 818751

7407185

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : July 23, 2004

ORDER TIME : 10:53 AM

ORDER NO. : 818751-100

CUSTOMER NO: 7407185

CUSTOMER: Ms. A.b. Fox

Highland Hospitality

Suite 500

8405 Greensboro Drive Mclean, VA 22102

FOREIGN FILINGS

NAME: HHC GP CORPORATION

ť

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire -- EXT# 2909

EXAMINER:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. HMC GP COT	poration	
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ame adopted for the purpose of transacting business in Florida)
(If name unavai	lable in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)
2. Maryland		ع. 57-1183293
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
November 1:	2, 2003	5. Perpetual
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
5Upon filin	g	
- 940E Croops	(SEE SECTIONS 607.1501 & 60	ess in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
. 8405 Greens	boro Dr., Suite 500, McLean, (Principal office:	
940E Croops	•	-
6405 Greens	boro Dr., Suite 500, McLean, (Current mailing)	
		,
·	tner of Highland Hospitality,	
" 		L.P. or country to be carried out in state of Florida)
(Purpose(or country to be carried out in state of Florida)
(Purpose(s) of corporation authorized in home state o	P.O. Box NOT acceptable)
(Purpose(s)). Name and street	s) of corporation authorized in home state of et address of Florida registered agent: (P.O. Box NOT acceptable)
(Purpose(s	et address of Florida registered agent: (Corporation Service Company	P.O. Box NOT acceptable)

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.

Co	orporation	Service	Company
Bv.	_)	•
	Plia	nau	ho
Vera	Norris, (Reg	istered age	ent's signature) ed Representative

- 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 business addresses of officers and/or directors:

A DIRECTORS
A. DIRECTORS Chairman Bruce D. Wardinski
Chairman:
Address: 8405 Greensboro Dr., Suite 500
McLean, VA 22102
Vice Chairman: James L. Francis
Address: 8405 Greensboro Dr., Suite 500
McLean, VA 22102
Director: W. Reeder Glass
Address: 8405 Greensboro Dr., Suite 500
McLean, VA 22102
Director: Willaim L. Wilson
Address: 8405 Greensboro Dr., Suite 500
McLean, VA 22102
B. OFFICERS
President: James L. Francis
Address: 8405 Greensboro Dr., Suite 500
McLean, VA 22102
Vice President: Patrick W. Campbell
Address: 8405 Greensboro Dr., Suite 500
McLean, VA 22102
Secretary: Tracy M.J. Colden
Address: 8405 Greensboro Dr., Suite 500, McLean, VA 22102
Treasurer: Douglas W. Vicari
Address: 8405 Greensboro Dr., Suite 500, McLean, VA 22102
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Tale All
(Signature of Director or Officer listed in number 12 of the application)
4. Tracy M.J. Colden, EVP & Secretary (Typed or printed name and capacity of person signing application)
(1) ped of printed name and capacity of person signing application)

STATE OF MARYLAND

Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HHC GP CORPORATION IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 29, 2004.

Paul B. Anderson Charter Division

Faul B. Under



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097