

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001515

Entity Name: COLUMBIA HOSPITALITY, INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

BELLE POINT OFFICE PARK
7871 BELLE POINT DRIVE
GREENBELT, MD 20770

New Principal Place of Business:

Current Mailing Address:

BELLE POINT OFFICE PARK
7871 BELLE POINT DRIVE
GREENBELT, MD 20770

New Mailing Address:

FEI Number: 52-2227884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIRAG DESAI
3959 NW 79TH AVE
MIAMI, FL 33166 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: PATEL, AMIT
Address: 7871 BELLE POINT DRIVE
City-St-Zip: GREENBELT, MD 20770

Title: VD () Delete
Name: PATEL, JAYESH B
Address: 7871 BELLE POINT DRIVE
City-St-Zip: GREENBELT, MD 20770

Title: SD () Delete
Name: PATEL, VINODBHAI B
Address: 7871 BELLE POINT DRIVE
City-St-Zip: GREENBELT, MD 20770

Title: TD () Delete
Name: PATEL, CHETAN D
Address: 7871 BELLE POINT DRIVE
City-St-Zip: GREENBELT, MD 20770

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: AMIT PATEL

PCD

03/20/2009

Electronic Signature of Signing Officer or Director

Date