

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004570

FILED
Jan 06, 2010
Secretary of State

Entity Name: APPLE NINE HOSPITALITY MANAGEMENT, INC.

Current Principal Place of Business:

814 EAST MAIN STREET
RICHMOND, VA 23219

New Principal Place of Business:

Current Mailing Address:

814 EAST MAIN STREET
RICHMOND, VA 23219

New Mailing Address:

FEI Number: 26-1379494

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: DC
Name: KNIGHT, JUSTIN G
Address: 814 EAST MAIN STREET
City-St-Zip: RICHMOND, VA 23219

Title: PCEO
Name: KNIGHT, JUSTIN G
Address: 814 EAST MAIN STREET
City-St-Zip: RICHMOND, VA 23219

Title: VT
Name: MCKENNEY, DAVID S
Address: 814 EAST MAIN STREET
City-St-Zip: RICHMOND, VA 23219

Title: VS
Name: BUCKLEY, DAVID P
Address: 814 EAST MAIN STREET
City-St-Zip: RICHMOND, VA 23219

Title: V
Name: GATHRIGHT, KRISTIAN M
Address: 814 EAST MAIN STREET
City-St-Zip: RICHMOND, VA 23219

Title: VS
Name: PEERY, BRYAN
Address: 814 EAST MAIN STREET
City-St-Zip: RICHMOND, VA 23219

I hereby 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 all other like empowered.

SIGNATURE: DAVID BUCKLEY

VS

01/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date