

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000712

FILED
Mar 31, 2009
Secretary of State

Entity Name: COMMONWEALTH HOTELS, INC.

Current Principal Place of Business:

100 E. RIVERCENTER BLVD
STE. 1050
COVINGTON, KY 41011 US

New Principal Place of Business:

Current Mailing Address:

100 E. RIVERCENTER BLVD.
STE. 1050
COVINGTON, KY 41011 US

New Mailing Address:

FEI Number: 61-1104826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILIN, LAWRENCE J
401 E. JACKSON STREET
SUITE 2200
TAMPA, FL 33602 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: PD () Delete
Name: FAY, DANIEL T
Address: 100 EAST RIVERCENTER BLVD, SUITE 1050
City-St-Zip: COVINGTON, KY 41011

Title: TD () Delete
Name: BUTLER, WILLIAM P
Address: 100 EAST RIVERCENTER BLVD STE 1100
City-St-Zip: COVINGTON, KY 41011

Title: V () Delete
Name: SNYDER, GORDON
Address: 100 E RIVERCENTER BLVD STE 1050
City-St-Zip: COVINGTON, KY 41011

Title: AS () Delete
Name: BUTLER, MARTIN
Address: 50 E RIVERCENTER BLVD STE 1400
City-St-Zip: COVINGTON, KY 41011

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: DANIEL T FAY

PD

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date