

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001428

FILED  
Mar 17, 2011  
Secretary of State

**Entity Name:** HOSPITALITY INTERNATIONAL, INC.

**Current Principal Place of Business:**

1726 MONTREAL CIRCLE  
TUCKER, GA 30084

**New Principal Place of Business:**

**Current Mailing Address:**

1726 MONTREAL CIRCLE  
TUCKER, GA 30084

**New Mailing Address:**

**FEI Number:** 62-1017020

**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

**OFFICERS AND DIRECTORS:**

Title: VPQA  
Name: BLOODWORTH, JAMES  
Address: 3109 COLONIAL WAY  
City-St-Zip: ATLANTA, GA 30341

Title: D  
Name: PATEL, R C  
Address: 1726 MONTREAL CIRCLE  
City-St-Zip: TUCKER, GA 30084

Title: D  
Name: KIRAN, SHAH J  
Address: 1726 MONTREAL CIRCLE  
City-St-Zip: TUCKER, GA 30084

Title: D  
Name: FOY, AMY D  
Address: 1726 MONTREAL CIR.  
City-St-Zip: TUCKER, GA 30084

Title: D  
Name: MAHESH, DESAI  
Address: 1726 MONTREAL CIR.  
City-St-Zip: TUCKER, GA 30084

Title: V  
Name: CHRIS, GUIMBELLOTT W  
Address: 1726 MONTREAL CIR.  
City-St-Zip: TUCKER, GA 30084

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: JAMES BLOODWORTH

VP

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date