FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 11 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002890 (2)**

1. Corporation Name
LODGING OPPORTUNITIES CORPORATION

Principal Place of Business	Mailing Address
410 SEVERN AVENUE, SUITE 314 ANNAPOLIS MD 21403	410 SEVERN AVENUE, SUITE 314 ANNAPOLIS MD 21403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 52-1748288 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CT	11 TITLE	William G. Moechel, JR.	☐ Change ☑ Addition
NAME	MALEK, FREDERIC V	12 NAME	Executive Vice President	
STREET ADDRESS	410 SEVERN AVENUE, SUITE 314	13 STREET ADDRESS		
CITY-ST-ZIP	ANNAPOLIS MD 21403	14 CITY-ST-ZIP	Same address as above	
TITLE	VPAS	21 TITLE	Vice President	☐ Change ☑ Addition
NAME	DROEGE, GREGORY	22 NAME	John Williams	
STREET ADDRESS	410 SEVERN AVENUE, SUITE 314	23 STREET ADDRESS		
CITY-ST-ZIP	ANNAPOLIS MD 21403	24 CITY-ST-ZIP	Same address as above	
TITLE	PCFO	31 TITLE	Vice President/Secretary/	☐ Change ☑ Addition
NAME	PILLSBURY, LELAND C	32 NAME	General Counsel	
STREET ADDRESS	410 SEVERN AVENUE, SUITE 314	33 STREET ADDRESS	David J. Weymer	
CITY-ST-ZIP	ANNAPOLIS MD 21403	34 CITY-ST-ZIP	Same address as above	
TITLE	~~SV~~	41 TITLE	Assistant Secretary	☐ Change ☑ Addition
NAME	~~PILLSBURY, MARY M~~ Delete	42 NAME	Deborah Thompson	
STREET ADDRESS	~~410 SEVERN AVENUE, SUITE 314~~	43 STREET ADDRESS		
CITY-ST-ZIP	~~ANNAPOLIS MD 21403~~	44 CITY-ST-ZIP	Same address as above	
TITLE	VPA	51 TITLE	Vice President, Asst Secretary	☐ Change ☑ Addition
NAME	ALLEN, BONNIE	52 NAME	Thomas Hammerer	
STREET ADDRESS	410 SEVERN AVE, SUITE 314	53 STREET ADDRESS		
CITY-ST-ZIP	ANNAPOLIS MD	54 CITY-ST-ZIP	Same as above	
TITLE	~~Vice President & Asst Secretary~~	61 TITLE		☐ Change ☐ Addition
NAME	~~Thomas Hammerer~~	62 NAME		
STREET ADDRESS	~~Same address as above~~	63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bonnie Allen Vice President 4/4/95 410-268-0515
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0488783 PN