FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F94000005965 (8)**

1. Corporation Name
HMC ACQUISITIONS, INC.

Principal Place of Business	Mailing Address
10400 FERNWOOD RD. DEPT. 72/862 BETHESDA MD 20817	10400 FERNWOOD RD. DEPT. 72/862 BETHESDA MD 20817-1109

3. Date Incorporated or Qualified: **11/18/1994**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24: **20817-1109** Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **52-1858275** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEPHEN J. MCKENNA 10400 FERNWOOD ROAD BETHESDA RD	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	S ANNA MARY COBURN 10400 Fernwood Road Bethesda MD 20817-1109	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS TOWNSEND, C G 10 PARAMUS CT. GAITHERSBURG MD 20878	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/AS/D 10400 Fernwood Road Bethesda MD 20817-1109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS WALLACE, SUSAN E 25 BUSH HILL CT. GAITHERSBURG MD 20878	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T BRUCE D. WARDINSKI 10400 Fernwood Road BEthesda MD 20817-1109	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TV PARSONS, ROBERT E JR 5 PARAMUS CT. NORTH POTOMAC MD	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P/D 10400 Fernwood Road Bethesda MD 20817-1109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WILLIAM E. EINSTEIN 10400 FERNWOOD ROAD BETHESDA MD	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	AS SUSAN E. WALLACE 10400 Fernwood Road BEthesda MD 20817-1109	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HART, MATTHEW J 8801 WATTS MINE TER. POTOMAC MD	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ APR 7 1997

HMC ACQUISITIONS, INC. F94000005965
OFFICERS AND DIRECTORS NAME AND MAILING ADDRESSES
FEIN#: 52-1858275

		BUSINESS ADDRESS		
President	Robert E. Parsons, Jr.	10400 Fernwood Road ,	Bethesda	MD 20817-110
Vice Presidents	Christopher G. Townsend	10400 Fernwood Road ,	Bethesda	MD 20817-110
	Christopher J. Nassetta	10400 Fernwood Road ,	Bethesda	MD 20817-110
	Pamela J. Murch	10400 Fernwood Road ,	Bethesda	MD 20817-110
	Richard A. Burton	10400 Fernwood Road ,	Bethesda	MD 20817-110
Secretary	Anna Mary Coburn	10400 Fernwood Road,	Bethesda	MD 20817-110
Assistant Secretaries	Christopher G. Townsend	10400 Fernwood Road ,	Bethesda	MD 20817-110
	Pamela J. Murch	10400 Fernwood Road ,	Bethesda	MD 20817-110
	Sheridan L. Nobakht	10400 Fernwood Road ,	Bethesda	MD 20817-110
	Susan E. Wallace	10400 Fernwood Road ,	Bethesda	MD 20817-110
Treasurer	Bruce D. Wardinski	10400 Fernwood Road ,	Bethesda	MD 20817-110
Directors	Robert E. Parsons, Jr.	10400 Fernwood Road ,	Bethesda	MD 20817-110
	Richard E. Marriott	10400 Fernwood Road ,	Bethesda	MD 20817-110
	Christopher G. Townsend	10400 Fernwood Road ,	Bethesda	MD 20817-110

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PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P19457** **(1)**

1. Corporation Name
HMC RETIREMENT PROPERTIES, INC

Principal Place of Business	Mailing Address
10400 FERNWOOD ROAD BETHESDA MD 20817	10400 FERNWOOD ROAD DEPT 72/862 BETHESDA MD 20817-1109 US

3. Date Incorporated or Qualified: 06/01/1988
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 Dept. 862
City & State: 23
Zip: 24 20817-1109 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 52-1536288 ☐ 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

PRENTICE-HALL CORPORATION SYSTEM, INC.
~~110 NORTH MAGNOLIA STREET~~ 1201 Hays Street
TALLAHASSEE FL 32301 Suite 105

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE	P/AS/D	☒ Change ☐ Addition
NAME	CHRISTOPHER G. TOWNSEND		1.2 NAME		
STREET ADDRESS	10400 FERNWOOD ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	VP/AS	☒ Change ☐ Addition
NAME	MURCH, PAMELA J		2.2 NAME		
STREET ADDRESS	10400 FERNWOOD RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		2.4 CITY-ST-ZIP		
TITLE	TV	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	SCOTT A. LAPORTA		3.2 NAME	BRUCE D. WARDINSKI	
STREET ADDRESS	10400 FERNWOOD ROAD		3.3 STREET ADDRESS	10400 Fernwood Road	
CITY-ST-ZIP	BETHESDA MD		3.4 CITY-ST-ZIP	Bethesda MD 20817-1109	
TITLE	AS	☐ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	WALLACE, SUSAN E		4.2 NAME	ANNA MARY COBURN	
STREET ADDRESS	10400 FERNWOOD RD.		4.3 STREET ADDRESS	10400 Fernwood Road	
CITY-ST-ZIP	BETHESDA MD		4.4 CITY-ST-ZIP	BEthesda MD 20817-1109	
TITLE	ATV	☐ DELETE	5.1 TITLE	VP/D/AT	☒ Change ☐ Addition
NAME	PARSON, ROBERT E JR		5.2 NAME	ROBERT E. PARSONS, JR	
STREET ADDRESS	10400 FERNWOOD RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BETHSEDA MD		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTOPHER J. MASSETTA		6.2 NAME		
STREET ADDRESS	10400 FENWOOD ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ APR 7 1997