

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F95000000096 (6)

1. Corporation Name

HOTEL INVESTORS OF VIRGINIA, INC.



Principal Place of Business

11845 W. OLYMPIC BLVD.
SUITE 560
LOS ANGELES CA 90064

Mailing Address

11845 W. OLYMPIC BLVD.
SUITE 560
LOS ANGELES CA 90064

3. Date Incorporated or Qualified **01/06/1995** 3a. Date of Last Report

4. FEI Number **52-1312765** 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

2. Principal Place of Business
21 11835 W. Olympic Blvd.

2a. Mailing Address
26 11835 W. Olympic Blvd.

Suite, Apt. #, etc.
22 675

Suite, Apt. #, etc.
27 675

City & State
23 LA, CA

City & State
28 LA, CA

Zip
24 90064

Country
29 USA

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	MALLORY, KEVIN E	
STREET ADDRESS	11845 W. OLYMPIC BLVD., #560	
CITY-ST-ZIP	LOS ANGELES CA 90064	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	MALPASUTO, ROBERT	
STREET ADDRESS	11845 W. OLYMPIC BLVD., #560	
CITY-ST-ZIP	LOS ANGELES CA 90064	
TITLE	S	<input type="checkbox"/> DELETE
NAME	AZEVEDO, HELEN D	
STREET ADDRESS	11845 W. OLYMPIC BLVD., #560	
CITY-ST-ZIP	LOS ANGELES CA 90064	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	MCCAIN, CHARLES E	
STREET ADDRESS	11845 W. OLYMPIC BLVD., #560	
CITY-ST-ZIP	LOS ANGELES CA 90064	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORD, BRUCE M	
STREET ADDRESS	104 E. PARK DR., #300	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAPIN, JEFFREY C	
STREET ADDRESS	11845 W. OLYMPIC BLVD., #560	
CITY-ST-ZIP	LOS ANGELES CA 90064	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11835 W. Olympic Blvd., Ste 675
1.4 CITY-ST-ZIP	LA, CA 90064
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Director
2.3 STREET ADDRESS	Samuels, Sherwin L.
2.4 CITY-ST-ZIP	555 West 5th Street, 40th floor Los Angeles, CA 90013
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	11835 W. Olympic Blvd., Ste 675
3.4 CITY-ST-ZIP	LA, CA 90064
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	11835 W. Olympic Blvd. Ste 675
4.4 CITY-ST-ZIP	LA, CA 90064
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	11835 W. Olympic Blvd. Ste 695
6.4 CITY-ST-ZIP	LA, CA 90064

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kevin E. Mallory, President

4-8-96

310-575-3900

CR2E034 (12/95)