

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0552800

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90120 036 \*\*\*150.00

DOCUMENT # F95000000096

1. Corporation Name

HOTEL INVESTORS OF VIRGINIA, INC.



Principal Place of Business

2231 E CAMELBACK RD  
400  
PHOENIX AZ 85016  
US

Mailing Address

2231 E CAMELBACK RD  
400  
PHOENIX AZ 85016  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 777 WESTCHESTER AVE  
Suite, Apt. #, etc.

22

City & State

23 WHITE PLAINS NY  
Zip Country

24 10604

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

01/06/1995

4. FEI Number

52-1312765

Applied For  
No. 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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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:

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 PD ☒ DELETE  
NAME DANZICER, ERIC A  
STREET ADDRESS 2231 E CAMELBACK RD, 400  
CITY-ST-ZIP PHOENIX AZ

TITLE VD ☒ DELETE  
NAME DARNALL, THEODORE W  
STREET ADDRESS 2231 E CAMELBACK RD, 400  
CITY-ST-ZIP PHOENIX AZ

TITLE SD ☒ DELETE  
NAME MARBALIT, NIR E  
STREET ADDRESS 2231 E CAMELBACK RD, 400  
CITY-ST-ZIP PHOENIX AZ

TITLE T ☒ DELETE  
NAME MCCAIN, CHARLES E  
STREET ADDRESS 2231 E CAMELBACK RD, 400  
CITY-ST-ZIP PHOENIX AZ

TITLE T ☒ DELETE  
NAME SCHNAID, ALAN  
STREET ADDRESS 2231 E CAMELBACK RD, 400  
CITY-ST-ZIP PHOENIX AZ

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME FRED KLEISNER-P  
1.3 STREET ADDRESS 777 WESTCHESTER AVENUE  
1.4 CITY-ST-ZIP WHITE PLAINS, NY 10604

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME MARK ROZELLS-V/T  
2.3 STREET ADDRESS 2231 E CAMELBACK RD, STE 400  
2.4 CITY-ST-ZIP PHOENIX, AZ 85016

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME JAMES LATHAM-V/S  
3.3 STREET ADDRESS 777 WESTCHESTER AVENUE  
3.4 CITY-ST-ZIP WHITE PLAINS, NY 10604

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME PETER MORROW-AT  
4.3 STREET ADDRESS 2231 E CAMELBACK RD, STE 400  
4.4 CITY-ST-ZIP PHOENIX, AZ 85016

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME DAVID HUGHES-AT  
5.3 STREET ADDRESS 2231 E CAMELBACK RD, STE 400  
5.4 CITY-ST-ZIP PHOENIX, AZ 85016

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME PETER ALPERT-AT  
6.3 STREET ADDRESS 777 WESTCHESTER AVENUE  
6.4 CITY-ST-ZIP WHITE PLAINS, NY 10604

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE:

PETER MORROW  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99 622-852-3900  
Date Daytime Phone #

CR2E034 (11/98)