

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90026 004 ***150.00

DOCUMENT # F95000002155

1. Corporation Name

BAC HOTEL MANAGEMENT, INC.

Principal Place of Business

4243 DUNWOODY CLUB DR.
SUITE 200
ATLANTA GA 30350-5206

Mailing Address

4243 DUNWOODY CLUB DR.
SUITE 200
ATLANTA GA 30350-5206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1995

4. FEI Number

58-2023734

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME COLLINS, DOUGLAS C
STREET ADDRESS 4243 DUNWOODY CLUB, DR., SUITE 200
CITY-ST-ZIP ATLANTA GA 30350

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VS ☐ DELETE
NAME LEE, ROBERT B
STREET ADDRESS 4242 DUNWOODY CLUB DRIVE., SUITE 200
CITY-ST-ZIP ATLANTA GA 30350

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE C ☒ DELETE
NAME MILLER, ROBERT M
STREET ADDRESS 525 E 80TH STREET, APT. 8B
CITY-ST-ZIP NEW YORK NY

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☒ DELETE
NAME STERN, WILLIAM
STREET ADDRESS 200 E. 57TH ST. SUITE 10-F
CITY-ST-ZIP NEW YORK NY

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☒ DELETE
NAME LEON M WAGNER
STREET ADDRESS 425 LEXINGTON AVE., 5TH FLOOR
CITY-ST-ZIP NEW YORK NY

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99

770-393-2662

CR2E034 (11/98)