

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000004056 (6)

1. Corporation Name

INTERSTATE HOTELS CORPORATION



Principal Place of Business

Mailing Address

FOSTER PLAZA X
680 ANDERSEN DR.
PITTSBURGH PA 15220

FOSTER PLAZA X
680 ANDERSEN DR.
PITTSBURGH PA 15220

3. Date Incorporated or Qualified

08/22/1995

3a. Date of Last Report

4. FEI Number

25-1309590

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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 CCEO ☐ DELETE

NAME FINE, MILTON
STREET ADDRESS FOSTER PLAZA X, 680 ANDERSEN DR.
CITY-ST-ZIP PITTSBURGH PA 15220

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME FINE, SHEILA
STREET ADDRESS FOSTER PLAZA X, 680 ANDERSEN DR.
CITY-ST-ZIP PITTSBURGH PA 15220

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE DP ☐ DELETE

NAME PARRINGTON, W. THOMAS JR.
STREET ADDRESS FOSTER PLAZA X, 680 ANDERSEN DR.
CITY-ST-ZIP PITTSBURGH PA 15220

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME FINE, DAVID J
STREET ADDRESS ONE INTERNATIONAL PLACE, 18TH FL.
CITY-ST-ZIP BOSTON MA 02110

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

300001798533
-04/29/96--01041--029
***200.00

TITLE D ☐ DELETE

NAME ARANSON, MICHAEL J
STREET ADDRESS 575 SANDPIPER WAY
CITY-ST-ZIP BOCA RATON FL 33431

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME SMITH, STEVEN J
STREET ADDRESS 50 MCCASKILL RD.
CITY-ST-ZIP PINEHURST NC 28374

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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:

Michael J. Aranson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UP

4-16-96

Date

Daytime Phone

4-150-191

CR2E034 (12/95)