


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000004186 1. Entity Name HMS HOST TOLLROADS, INC.	
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Principal Place of Business 6600 ROCKLEDGE ROAD DEPT 72-928.81 BETHESDA, MD 20817 US	Mailing Address 6600 ROCKLEDGE DRIVE DEPT 72-928.81 BETHESDA, MD 20817 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE 105 TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	BROWN, BERNARD N
STREET ADDRESS	6600 ROCKLEDGE DR, MS 3-1
CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	D
NAME	POWERS, CHARLES E
STREET ADDRESS	6600 ROCKLEDGE DR, MS-3-1
CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	SD
NAME	BABIN, LAURA A
STREET ADDRESS	6600 ROCKLEDGE DRIVE
CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	T
NAME	RATTCH, MARK T
STREET ADDRESS	6600 ROCKLEDGE DRIVE
CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	P
NAME	MCCARTHY, JOHN J
STREET ADDRESS	6600 ROCKLEDGE DRIVE
CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	AS
NAME	SANDERS, SADIE C
STREET ADDRESS	6600 ROCKLEDGE DRIVE
CITY-ST-ZIP	BETHESDA, MD 20817

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sadie C. Sanders **Sadie C. Sanders**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Assistant Secretary**
Date 9/12/05 Daytime Phone # (202) 644-4433

FILED

05 SEP 16 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50066943



06102005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1942491	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**