

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000225
 1. Corporation Name
COURTYARD II ASSOCIATES MANAGEMENT CORPORATION

Principal Place of Business Mailing Address
10400 FERNWOOD RD.
BETHESDA, MD 20817

3. Date Incorporated or Qualified **01-12-1996** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. State, Apt. #, etc.	26. 10400 Fernwood Rd	52-1955659	Not Applicable
22. City & State	27. Dept. 862	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Bethesda, Maryland	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. 20817-1109	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	400002175884
84. Zip Code	05/13/97-01003-0465

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 (Type, 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	DPT	1.1 TITLE	PRESIDENT/DIRECTOR
NAME	BRUCE F. STEMERMAN	1.2 NAME	
STREET ADDRESS	10400 FERNWOOD RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA, MD 20817	1.4 CITY-ST-ZIP	
TITLE	SECRETARY	2.1 TITLE	SECRETARY
NAME	CHRISTOPHER G. TOWNSEND	2.2 NAME	ANNA MARY COBURN
STREET ADDRESS	10400 FERNWOOD RD.	2.3 STREET ADDRESS	10400 FERNWOOD ROAD
CITY-ST-ZIP	BETHESDA, MD 20817	2.4 CITY-ST-ZIP	Bethesda, MD 20817-1109
TITLE	SECRETARY	3.1 TITLE	TREASURER
NAME	STEPHEN J. MCKENNA	3.2 NAME	BRUCE D. WARDINSKI
STREET ADDRESS	10400 FERNWOOD RD.	3.3 STREET ADDRESS	10400 Fernwood Road
CITY-ST-ZIP	BETHESDA, MD 20817	3.4 CITY-ST-ZIP	Bethesda, MD 20817-1109
TITLE		4.1 TITLE	DIRECTOR
NAME		4.2 NAME	MARK A FERRUCCI
STREET ADDRESS		4.3 STREET ADDRESS	10400 Fernwood Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Bethesda, MD 20817-1109
TITLE		5.1 TITLE	VICE PRESIDENT
NAME		5.2 NAME	CHRISTOPHER G. TOWNSEND
STREET ADDRESS		5.3 STREET ADDRESS	10400 Fernwood Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bethesda, MD 20817-1109
TITLE		6.1 TITLE	ASST. SECRETARY
NAME		6.2 NAME	SUSAN E. WALLACE
STREET ADDRESS		6.3 STREET ADDRESS	10400 Fernwood Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Bethesda, MD 20817-1109

14. I do 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.

SIGNATURE: *[Signature]* APR 30 1997 (301) 380-9000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)