

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000000897 1. Entity Name RENAISSANCE FLORIDA HOTEL, INC.	
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Principal Place of Business 10400 FERNWOOD RD DEPT. 924.13 BETHESDA, MD 20817 US	Mailing Address 10400 FERNWOOD RD DEPT. 924.13 BETHESDA, MD 20817 US
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01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 34-1822717	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301
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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 \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCARTHY, ROBERT J 10400 FERNWOOD RD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PULSE, M. LESTER JR 10400 FERNWOOD RD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BENZ, NANCY L 10400 FERNWOOD RD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KIMBALL, KEVIN M 10400 FERNWOOD RD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANDLON, CAROLYN B 10400 FERNWOOD RD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S INGALLS, DOROTHY M 10400 FERWOOD RD BETHESDA, MD 20817

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-04/28/04-80070-002 150.00

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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: Nancy L Benz **04-23-04** **301-380-8742**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #