


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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000001418 (0) 1. Corporation Name HPTCY CORPORATION			
Principal Place of Business C/O HOSPITALITY PROPERTIES TRUST 400 CENTRE STREET NEWTON MA 02158		Mailing Address C/O HOSPITALITY PROPERTIES TRUST 400 CENTRE STREET NEWTON MA 02158-2076	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
g. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	MURRAY, JOHN G		
STREET ADDRESS	400 CENTRE STREET		
CITY-ST-ZIP	NEWTON MA 02158		
TITLE	VS	<input checked="" type="checkbox"/> DELETE	
NAME	PORTNOY, ADAM D		
STREET ADDRESS	400 CENTRE STREET		
CITY-ST-ZIP	NEWTON MA 02158		
TITLE	AS	<input type="checkbox"/> DELETE	
NAME	CLARK, JENNIFER B		
STREET ADDRESS	ONE POST OFFICE SQUARE		
CITY-ST-ZIP	BOSTON MA 02109		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	O'BRIEN, THOMAS M		
STREET ADDRESS	400 CENTRE STREET		
CITY-ST-ZIP	NEWTON MA 02158		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MARTIN, GERARD M		
STREET ADDRESS	400 CENTRE STREET		
CITY-ST-ZIP	NEWTON MA 02158		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	PORTNOY, BARRY M		
STREET ADDRESS	ONE POST OFFICE SQUARE		
CITY-ST-ZIP	BOSTON MA 02109		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME	Murray, John G		
13 STREET ADDRESS	400 Centre Street		
14 CITY-ST-ZIP	Newton, MA. 02158		
21 TITLE	Vice President (V)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME	O'Brien, Thomas M		
23 STREET ADDRESS	400 Centre Street		
24 CITY-ST-ZIP	Newton, MA. 02158		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			
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: <u>Thomas M. O'Brien</u> DATE: <u>4-11-97</u> DAYTIME PHONE: <u>617 964 8389</u>			



CR2E034 (9/96)