

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
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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
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26a. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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3. Date Incorporated or Qualified 03/20/1996	3a. Date of Last Report
4. FEI Number APPLIED FOR 04-308179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. 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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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: *Thomas M. O'Brien* **THOMAS M. O'BRIEN** 4-11-97 617 964 8389
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000070

CR2E034 (9/96)