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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORTIONS

## DOCUMENT # F9600001418 (0)

HPTCY CORPORATION

**************************************	
Principal Place of Rueinnee	

C/O HOSPITALITY PROPERTIES TRUST 400 CENTRE STREET

Mailing Address

C/O HOSPITALITY PROPERTIES TRUST 400 CENTRE STREET FILED May 14 1997 8:00am Secretary of State



NEWTON MA O	2158	NEWTON MA 02158-2076	1		l l				
······································		ı			<ol> <li>Date Incorporated or Qualified</li> <li>03/20/1996</li> </ol>	3a. Dat	te of Last R	Report	
2, Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number	A1- 6	Ar	oplied For	
21		26			APPLIED FOR 0430	<u> 4177 </u>	No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desi		\$8.75 Additional Fee Required			
City & State City & State 28		······· "			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Ζφ <b>24</b>	Country 25	2 <sub>i</sub> p	Country 30	7	8. This corporation has liability for Florida Statutes		tax under s No	. 199.032	
	g. Name and Address of C	Current Registered Agent			10. Name and Address of New Re	gistered A	gent		
THE	PRENTICE-HALL CORPORA	ATION SYSTEM, INC.	81	Name					
1201 HAYS STREET				80 Charl Address (C.O. Bay Number is Not Appropriately)					
SUITE 105			02	82 Street Address (P.O. Box Number is Not Acceptable)					
	AHASSEE FL 32301		83	<del> </del>		***************************************			
			84	City			85 Zip	Code	
				<u>L</u>		FL			
11. Fursuant I office or re agent. Lar	o the provisions of Sections 60 egistered agent, or both, in the in familiar with, and accept the	07.0502 and 607.1508, Florida Statute State of Florida Such change was a obligations of, Section 607.0505, Flo	s, the abov uthorized b rida Statute	e-named y the cor s.	corporation submits this statement for the p poration's board of directors. I hereby accep	urpose of the appo	changing it intment as	ts registered registered	
SIGNATURE	Stgrature, typical or printed name of registe	ered agent and title it applicable. (NOTE	Registered Ag	ent signature	e required when remetating)	DATE		4.	
12.	OFFICER	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12	
THEF	P	DELETE	11 TITLE		5	1	Change :	Addition	
NAME	MURRAY, JOHN G		12 NAME		murray, John G				
STREET ADDRESS	400 CENTRE STREET		1.3 STREE	ADDRESS	400 Centre street				
CITY-S1-7P	NEWTON MA 02158		1.4 CiTY-1		Newton, MA. 02154				
1011	VŠ	DELETE	21 TITLE		Vice (cosident (V)	<del></del>	Change	Addition	
NAME	PORTNOY, ADAM D		22 NAME		Distien, Thomas m	•			
STREET ADDRESS	400 CENTRE STREET		23 STREET	r annerce	400 Centre Street				
	NEWTON MA 02158				ala da a ara an an				
CCY+SI+7iP TULE	AS	T DELETE	2 4 CITY - 31 TITLE	51 - ZIP	Newton, MA. ODISK		Change	Addition	
	CLARK, JENNIFER B		1	•			Onange	L Madition	
NAME	ONE POST OFFICE SQUA	ADE	32 NAME						
STREET ADDRESS		MUE	3 3 STREE						
C(*Y-S1-7:P	BOSTON MA 02109	DELET	3.4. CITY-	ST-ZIP			Change	T I takke	
TilleF	OIDDICK! THOUGHD M	☐ DELETE	41 TITLE			,	unampe	Addition	
NAME	O'BRIEN, THOMAS M		4. 2 NAME						
STREET ADORESS	400 CENTRE STREET		4.3 STREE	ADDRESS	1				
CITY-ST-7iP	NEWTON MA 02158		4.4 CITY-	ST-ZIP	<u> </u>	<del></del>	<del></del>		
TOLE	D	☐ DELETE	5 1 TITLE			ļ	Change	Addition	
NAME	MARTIN, GERARD M		5.2 NAME						
STREET ADDRESS	400 CENTRE STREET		5.3 STREE	ADORESS					
CITY - ST - ZIP	NEWTON MA 02158		5.4 CIN-1	ST-ZIP					
DRF	D	DELETE	6 1 TITL				Change	Addition	
NAME "	PORTNOY, BARRY M		62 NAM						
STHEET ADDRESS	ONE POST OFFICE SQUA	ARE	6.3 STF	T ADDRESS					
CITY-SI-ZIP	BOSTON MA 02109			ST-ZIP					
		inclind with this filing does not qualify		21 - 211	totad in Section 110 07(2)(i) Florida Statuta	o I further	costile that	tho	

information indicated on this annual report or supplemental annual report is true and a curate and that my signature shall have the same legal effect as if made under oath; that is am an officer or director of the corporation or the receiver or trustee empowered to elloute 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** 

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

OMAS M.O.BRIEN 4.

4-11-97 617 964838

Daytime Prome • 0000370

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