

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

**FILED**  
**Feb 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000003605 (0)**  
 1. Corporation Name  
**BOYKIN LODGING COMPANY**

Principal Place of Business <b>50 PUBLIC SQUARE, 1500 TERMINAL TOWER CLEVELAND OH 44113-2258</b>	Mailing Address <b>50 PUBLIC SQUARE, 1500 TERMINAL TOWER CLEVELAND OH 44113-2258</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/17/1996</b>	
21 Suite, Apt. #, etc	22 City & State	26 Suite, Apt. #, etc	27 City & State	4. FEI Number <b>34-1824586</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				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
				<b>FL</b>	

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	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>BOYKIN, ROBERT W</b>
STREET ADDRESS	<b>50 PUBLIC SQUARE STE 1500</b>
CITY-ST-ZIP	<b>CLEVELAND OH</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>HEITLAND, RAYMOND P</b>
STREET ADDRESS	<b>50 PUBLIC SQUARE STE 1500</b>
CITY-ST-ZIP	<b>CLEVELAND OH</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>BISHOP, MARK L</b>
STREET ADDRESS	<b>50 PUBLIC SQUARE STE 1500</b>
CITY-ST-ZIP	<b>CLEVELAND OH</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ADAMS, ABLERT T</b>
STREET ADDRESS	<b>1900 E NINTH ST, STE 3200</b>
CITY-ST-ZIP	<b>CLEVELAND OH</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOWLEY, LEE C</b>
STREET ADDRESS	<b>30400 DETROIT RD, STE 401</b>
CITY-ST-ZIP	<b>WESTLAKE OH</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HULETT, WILLIAM N</b>
STREET ADDRESS	<b>1 KEY PLAZA</b>
CITY-ST-ZIP	<b>CLEVELAND OH</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Paul A. O'Neil</b>
1.3 STREET ADDRESS	<b>50 Public Square #1500</b>
1.4 CITY-ST-ZIP	<b>Cleveland, OH 44113</b>
2.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Raymond P. Heitland</b>
2.3 STREET ADDRESS	<b>50 Public Square #1500</b>
2.4 CITY-ST-ZIP	<b>Cleveland, OH 44113</b>
3.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>William H. Schecter</b>
3.3 STREET ADDRESS	<b>1965 East Sixth St., Ste. 1010</b>
3.4 CITY-ST-ZIP	<b>Cleveland, OH 44114-2214</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplement if 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:** *Raymond P. Heitland* **Raymond P. Heitland, Secretary 1/23/98 (216)241-6375**

CR2E034 (10/97)