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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000003605

1. Corporation Name
BOYKIN LODGING COMPANY



Principal Place of Business
**50 PUBLIC SQUARE, 1500 TERMINAL TOWER
 CLEVELAND OH 44113-2258**

Mailing Address
**50 PUBLIC SQUARE, 1500 TERMINAL TOWER
 CLEVELAND OH 44113-2258**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/17/1996

4. FEI Number
34-1824586 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 45 W. Prospect Ave.
 Suite, Apt. #, etc.

2a. Mailing Address
26 45 W. Prospect Ave.
 Suite, Apt. #, etc.

22 Guildhall Bldg., #1500
 City & State

27 Guildhall Bldg., #1500
 City & State

23 Cleveland, Ohio
 Zip Country

24 44115 25 USA **28 Cleveland, Ohio**
 Zip Country

29 44115 30 USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **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	CD	<input type="checkbox"/> DELETE
NAME	BOYKIN, ROBERT W	
STREET ADDRESS	50 PUBLIC SQUARE STE 1500	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HEITLAND, RAYMOND P	
STREET ADDRESS	50 PUBLIC SQUARE STE 1500	
CITY-ST-ZIP	CLEVELAND OH 44113	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BISHOP, MARK L	
STREET ADDRESS	50 PUBLIC SQUARE STE 1500	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, ABLERT T	
STREET ADDRESS	1900 E NINTH ST, STE 3200	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWLEY, LEE C	
STREET ADDRESS	30400 DETROIT RD, STE 401	
CITY-ST-ZIP	WESTLAKE OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PAUL A O'NEIL	
STREET ADDRESS	50 PUBLIC SQUARE #1500	
CITY-ST-ZIP	CLEVELAND OH 44113	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Boykin, Robert W.	
1.3 STREET ADDRESS	45 W. Prospect Ave., #1500, Guildhall Bldg	
1.4 CITY-ST-ZIP	Cleveland, OH 44115	
2.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Alexander, Andrew C.	
2.3 STREET ADDRESS	45 W. Prospect Ave., #1500, Guildhall Bldg.	
2.4 CITY-ST-ZIP	Cleveland, Ohio 44115	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bishop, Mark L.	
3.3 STREET ADDRESS	45 W. Prospect Ave., #1500, Guildhall Bldg.	
3.4 CITY-ST-ZIP	Cleveland, Ohio 44115	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Schecter, William H.	
5.3 STREET ADDRESS	1965 East Sixth St., Suite 1010	
5.4 CITY-ST-ZIP	Cleveland, Ohio 44114-2214	
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	O'Neil, Paul A.	
6.3 STREET ADDRESS	45 W. Prospect Ave., #1500, Guildhall Bldg.	
6.4 CITY-ST-ZIP	Cleveland, Ohio 44115	

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 to an 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, with all other like empowered.

SIGNATURE: *Paul A. O'Neil* Paul A. O'Neil, Treasurer 3/8/99 Date Daytime Phone #

CR2E034 (11/98)