

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

FILED

Mar 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000004929 (3)**

1. Corporation Name  
**COLUMBUS HOTEL INVESTMENT CORPORATION**



Principal Place of Business <del>255 HERITAGE COURT, N.W. SUITE 105 ATLANTA, GA 30327</del> <b>Post Office Box 725589 Atlanta, GA 31139</b>	Mailing Address <del>255 HERITAGE COURT, N.W. SUITE 105 ATLANTA, GA 30327</del> <b>Post Office Box 725589 Atlanta, GA 31139</b>
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2. Principal Place of Business 21 <b>4102 Whitewater Ck. Rd.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Atlanta, Georgia</b> Zip 24 <b>30327</b>	2a. Mailing Address 26 <b>PO Box 725589</b> Suite, Apt. #, etc. 27 City & State 28 <b>Atlanta, Georgia</b> Zip 29 <b>31139</b>	3. Date Incorporated or Qualified <b>09/25/1996</b>	3a. Date of Last Report
Country 25 <b>USA</b>	Country 30 <b>USA</b>	4. FEI Number <b>58-1677830</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

**FL**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

*Howe D. Whitman*  
(NOTE: Registered Agent signature required when reinstating)

**Howe D. Whitman**

**1/31/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITMAN, HOWE D</b>	1.2 NAME	<b>WHITMAN, HOWE D</b>
STREET ADDRESS	<b>STE 105, 255 HERITAGE COURT, N.W.</b>	1.3 STREET ADDRESS	<b>4102 Whitewater Ck. Rd.</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>	1.4 CITY-ST-ZIP	<b>ATLANTA, GA 30327</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITMAN, DONALD E</b>	2.2 NAME	<b>WHITMAN, DONALD E</b>
STREET ADDRESS	<b>STE 105, 255 HERITAGE COURT, N.W.</b>	2.3 STREET ADDRESS	<b>4102 Whitewater Ck. Rd.</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>	2.4 CITY-ST-ZIP	<b>ATLANTA, GA 30327</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

*Howe D. Whitman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0612774

CR2E034 (9/96)