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

PROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90156 050 ***150.00

DOCUMENT # **F96000005445**

1. Corporation Name
AGHL GP, INC.

Principal Place of Business
5605 MACARTHUR BLVD., STE 1200
IRVING TX 75038

Mailing Address
5605 MACARTHUR BLVD., STE 1200
IRVING TX 75038

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/21/1996

4. FEI Number 75-2659659 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 1010 Wisconsin Ave, NW
Suite, Apt. #, etc.
22 c/o MeriStar Hospitality
City & State
23 Washington, DC
Zip 24 20007 Country 25 USA

2a. Mailing Address
26 1010 Wisconsin Ave, NW
Suite, Apt. #, etc.
27 Bd. c/o MeriStar Hospitality Corp.
City & State
28 Washington, DC
Zip 29 20007 Country 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP ☒ DELETE	1.1 TITLE	CEO ☐ Change ☒ Addition
NAME	JORNS, STEVEN D	1.2 NAME	PAUL Whetsell
STREET ADDRESS	5605 MACARTHUR BLVD., STE 1200	1.3 STREET ADDRESS	1010 Wisconsin Ave, NW
CITY-ST-ZIP	IRVING TX 75038	1.4 CITY-ST-ZIP	Washington, DC 20007
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JORNS, STEVEN D	2.2 NAME	
STREET ADDRESS	5605 MACARTHUR BLVD., STE 1200	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75038	2.4 CITY-ST-ZIP	
TITLE	~~EVP~~ ☐ DELETE	3.1 TITLE	President ☒ Change ☐ Addition
NAME	WILES, BRUCE G	3.2 NAME	Wiles, Bruce G.
STREET ADDRESS	5605 MACARTHUR BLVD., STE 1200	3.3 STREET ADDRESS	1010 Wisconsin Ave, NW
CITY-ST-ZIP	IRVING TX 75038	3.4 CITY-ST-ZIP	Washington, DC 20007
TITLE	EVPS ☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	BARR, KENNETH E	4.2 NAME	
STREET ADDRESS	5605 MACARTHUR BLVD., STE 1200	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75038	4.4 CITY-ST-ZIP	
TITLE	V ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VALENTINE, RUSS C	5.2 NAME	
STREET ADDRESS	5605 MACARTHUR BLVD., STE 1200	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75038	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	Assistant Secretary ☐ Change ☒ Addition
NAME		6.2 NAME	Bennett, Christopher L.
STREET ADDRESS		6.3 STREET ADDRESS	1010 Wisconsin Ave, NW
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WDC 20007

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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/18/99 202-295-2316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)