2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am DOCUMENT # F97000003957 **Secretary of State** HUMPHREY HOSPITALITY MANAGEMENT, INC. 05-10-2001 90049 027 ***150.00 Principal Place of Business Mailing Address 309 NORTH 5TH STREET 309 NORTH 5TH STREET NORFOLK NE 68702 NORFOLK NE 68702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-1891984 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Change ☐ Addition HUMPHREY, JAMES I NAME MAME 12301 OLD COLUMBIA PIKE STREET ADDRESS STREET ADDRESS SILVER SPRING MD 20904 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMITH, RANDY NAME NAME 12301 OLD COLUMBIA PIKE STREET ADDRESS STREET ADDRESS SILVER SPRING MD 20904 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition HOOPER, BETHANY NAME NAME 12301 OLD COLUMBIA PIKE STREET ADDRESS STREET ADDRESS SILVER SPRING MD 20904 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MOE, HOA NAME NAME 12301 OLD COLUMBIA PIKE STREET ADDRESS STREET ADDRESS SILVER SPRING MD 20904 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hoa N. Moe

04/12/2001

402-371-2520 Ext. 216