## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F9700004159

HUMPHREY HOSPITALITY REIT TRUST, INC.

Principal Place of Business		Mailing Address						
12301 OLD COLUMB SILVER SPRING MD		12301 OLD COLUMBIA PIKE SILVER SPRING MD 20904						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt, #, etc.	· -					
City & State		City & State						
Zip	Country	Zip	Country					

## FILED Aug 03, 2000 8:00 am Secretary of State

08-03-2000 90038 031 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

### Country   Zip   Country   Zip   Country   S. Cerdificate of Salus Does red   S8.75 Additional Fee Required    **C. Name and Address of Current Registrared Agent   T. Name and Address of New Registered Agent    **C. T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD   PLANTATION FL 33324   City   FL   Zip Code    **C. T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD   PLANTATION FL 33324   City   FL   Zip Code    **C. T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD   PLANTATION FL 33324   City   FL   Zip Code    **C. T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD   PLANTATION FL 33324   City   FL   Zip Code    **T. T. C. Code   City   Ci	City & State		City & State		<b>4.</b> F	4. FEI Number 52-6891397				oplied For		
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  FL Zip Code  City												
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324    City   FL   Zep Code	Zíp	Zip Country Zip C		Country	f Certificate of Status Desired							
Street Address (PC. Box Number is Not Acceptable)  Street Address (PC. Box Number is Not Acceptable)  Total PLANTATION FL 33324  City FL Zep Code  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 infliend name of registered park and the registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to segisfy its intrangitive fax flight florid name of registered park and reparted agent agent, or both, in the State of Florida.  FILE NOWILLEE IS, \$55.00.  After SEPTEMBER 13, 2000 with mit will be \$750.00.  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS 12. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS 11. AND STREET ADDITIONS 21. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS 11. ADDITIONS/GHANGES 11. ADDITIONS 11. ADD		6. Name and Address of Current Re		7. Name and Address of New Registered Agent								
1200 SOUTH PINE ISLAND ROAD   City   FL   Zip Code					Name							
Pantation Fl 33324   City   FL   Zip Code				Street A	Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida.  9. This corporation is eligible to satisfy its intangible Tax fining requirement and effects to do so. Marker Check Payable to Department of State on Section 1982 (See Ordered on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  12.	1200	) South Pine Island Road		31100171	Sileet Address (F.O. Box Number is Not Acceptable)							
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   Signature speaker agent agent agent registered agent, or both, in the State of Florida	PLANTATION FL 33324											
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   Signature speaker agent agent agent registered agent, or both, in the State of Florida				City	City 7in Code							
SIGNATURE  9. This corporation is eligible to seligify its Infangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT INTERPRET TIS. 2000 Min. will be \$750.00* Min.				City				<u> </u>	Zip 000			
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Tax filing requirement and elects to do so.  (See criteria on back)    After SEPTEMBER 13, 2000 Min. will be \$750.00     Make Check Payable to Department of State	SIGNATORE _	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	Registered Agent signati	ire required when re	einstating)		DATE				
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Make Check Payable to Department of State   INJURE CHAIRMAN & COO   INJURE C												
TITLE HUMPHREY, JAMES I JR STREET ADDRESS I 2301 OLD COLUMBIA PIKE, SUITE 300 CITY-ST-ZiP SILVER SPRING MD 20904 CITY-ST-ZIP SPRING MD 20904 CITY-ST-ZIP SPRING MD 20904 CITY-ST-ZIP SPRING MD	•	·	•			I Irust Fu	ina Cotimoniic	rn. L	Abgeo	to rees		
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NORPOLK, NE 68702   NORPOLK	STREET ADDRESS 12301 OLD COLUMBIA PIKE, SUITE 300			TADDRESS 309 NORTH 5TH STREET								
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	1	_		CITY-ST-ZIP					TE 200			
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	13. Thereby co	nformation										

of the corporation or the receiver or trusted 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.