## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

## May 11, 2001 8:00 am Secretary of State DOCUMENT # F97000004159 1. Entity Name HUMPHREY HOSPITALITY REIT TRUST, INC. 05-11-2001 90121 024 \*\*\*150.00 Mailing Address Principal Place of Business 7170 RIVERWOOD DR. 7170 RIVERWOOD DR. COLUMBIA MD 21046 COLUMBIA MD 21046 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 52-6891397 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip 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 DATE 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 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) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. P/T/VC/COO Addition VCCO TITLE □ Delete TITLE HUMPHREY, JAMES I JR HUMPHREY, JAMES I JR NAME NAME 7170 RIVERWOOD DR. 12301 OLD COLUMBIA PIKE, SUITE 300 STREET ADDRESS STREET ADDRESS 21046 COLUMBIA, MD. CITY-ST-ZIP CITY-ST-ZIP SILVER SPRING MD 20904 CCEO ☐ Change ☐ Addition TITLE TITLE Delete SCHULTE, PAUL J NAME STREET ADDRESS 309 NORTH 5TH STREET STREET ADDRESS NORFOLK NE 68702 CITY-ST-7IP CITY-ST-ZIP DEVP ☐ Addition Delete ☐ Change TITLE BORGMANN, STEVE H NAME NAME STREET ADDRESS 309 NORTH 5TH STREET STREET ADDRESS CITY-ST-ZIP NORFOLK NE 68702 CITY-ST-ZIP √X Change Delete TITLE ☐ Addition TITLE WHITTEMORE, GEORGE R NAME NAME WHITTEMORE, GEORGE R STREET ADDRESS 12301 OLD COLUMBIA PIKE, SUITE 300 STREET ADDRESS 7170 RIVERWOOD DR CITY-ST-ZIP SILVER SPRING MD 20904 CITY-ST-ZIP COLUMBIA, MD. ☐ Delete STEELE, LOREN TX Change ☐ Addition NAME STEELE, LOREN NAME 7170 RIVERWOOD DR. 12301 OLD COLUMBIA PIKE STE 300 STREET ADDRESS STREET ADDRESS COLUMBIA, MD. 21046 CITY-ST-ZIP SILVER SPRING MD 20904 CITY-ST-ZIP ☐ Delete TITLE X Change ☐ Addition CAGGIANO, JOSEPH NAME CAGGIANO, JOSEPH NAME 7170 RIVERWOOD DR. STREET ADDRESS 12301 OLD COLUMBIA PIKE STE 300 STREET ADDRESS COLUMBIA, MD. 21046 CITY-ST-ZIP SILVER SPRING MD 20904 CITY-ST-ZIP 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 frustee 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 another life empowered.

FICER OR DIRECTOR

FILED

Attachment D# F9700004159 AUG3678

## HUMPHREY HOSPITA

11. OFFICERS AND DIRECTORS (CONTINUED)

ZWERDLING, JEFFREY (DIRECTOR) 7170 RIVERWOOD DR. COLUMBIA, MD. 21046