

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002030

1. Entity Name

LASALLE HOTEL PROPERTIES, INC.

Principal Place of Business

200 E. RANDOLPH
SUITE 4322
CHICAGO IL 60601

Mailing Address

200 E. RANDOLPH
SUITE 4322
CHICAGO IL 60601

2. Principal Place of Business

4800 Montgomery Lane
Suite, Apt. #, etc.
Suite M25

3. Mailing Address

4800 Montgomery Lane
Suite, Apt. #, etc.
Suite M25

City & State

Bethesda, Maryland

City & State

Bethesda, Maryland

Zip

20814

Country

USA

Zip

20814

Country

USA

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, STUART L	
STREET ADDRESS	220 EAST 42ND ST.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	BORTZ, JON E	
STREET ADDRESS	220 EAST 42ND ST.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	V.	<input type="checkbox"/> Delete
NAME	BARNELLO, MICHAEL D	
STREET ADDRESS	220 EAST 42ND ST.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4800 Montgomery Lane, Suite M25	
CITY-ST-ZIP	Bethesda, Maryland 20814	
TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4800 Montgomery Lane, Suite M25	
CITY-ST-ZIP	Bethesda, Maryland 20814	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hans S. Weger	
STREET ADDRESS	4800 Montgomery Lane, Suite M25	
CITY-ST-ZIP	Bethesda, Maryland 20814	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90389 005 ***158.75