

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

001375

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90188 050 \*\*\*150.00

DOCUMENT # F98000002899

1. Corporation Name TOWN PARK HOTEL CORPORATION



Principal Place of Business: THREE RAVINIA DRIVE SUITE 2900 ATLANTA GA 30346  
Mailing Address: THREE RAVINIA DRIVE SUITE 2900 ATLANTA GA 30346

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1998

4. FEI Number: 62-0616701 Applied For: Not Applicable

5. Certificate 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

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, 83, 84 City, 85 Zip Code (FL)

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: PD                                      | ARASI, THOMAS            | 1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| STREET ADDRESS: THREE RAVINIA DRIVE SUITE 2900 | ATLANTA GA 30346         | 1.2 NAME: MICHAEL CORR  |  |
| CITY-ST-ZIP: ATLANTA GA 30346                  |                          | 1.3 STREET ADDRESS:   |  |
| TITLE: AS                                      | BLANKENSHIP, TERESA      | 1.4 CITY-ST-ZIP:  |  |
| STREET ADDRESS: THREE RAVINIA DRIVE SUITE 2900 | ATLANTA GA 30346         | 2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| CITY-ST-ZIP: ATLANTA GA 30346                  |                          | 2.2 NAME:   |  |
| TITLE: V                                       | BRETTSCHNEIDER, THOMAS H | 2.3 STREET ADDRESS:   |  |
| STREET ADDRESS: THREE RAVINIA DRIVE SUITE 2900 | ATLANTA GA 30346         | 2.4 CITY-ST-ZIP:  |  |
| CITY-ST-ZIP: ATLANTA GA 30346                  |                          | 3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE: VT                                      | CHITTY, ROBERT J         | 3.2 NAME:   |  |
| STREET ADDRESS: THREE RAVINIA DRIVE SUITE 2900 | ATLANTA GA 30346         | 3.3 STREET ADDRESS:   |  |
| CITY-ST-ZIP: ATLANTA GA 30346                  |                          | 3.4 CITY-ST-ZIP:  |  |
| TITLE: DV                                      | CORR, MICHAEL            | 4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| STREET ADDRESS: THREE RAVINIA DRIVE SUITE 2900 | ATLANTA GA 30346         | 4.2 NAME:   |  |
| CITY-ST-ZIP: ATLANTA GA 30346                  |                          | 4.3 STREET ADDRESS:   |  |
| TITLE: V                                       | GOODSON, MICHAEL L       | 4.4 CITY-ST-ZIP:  |  |
| STREET ADDRESS: THREE RAVINIA DRIVE SUITE 2900 | ATLANTA GA 30346         | 5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| CITY-ST-ZIP: ATLANTA GA 30346                  |                          | 5.2 NAME: ANDREW MACFARLANE   |  |
|  |                          | 5.3 STREET ADDRESS:   |  |
|  |                          | 5.4 CITY-ST-ZIP:  |  |
|  |                          | 6.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
|  |                          | 6.2 NAME: JAMES L. KACENA   |  |
|  |                          | 6.3 STREET ADDRESS: THREE RAVINIA DRIVE, SUITE 2900                                     |  |
|  |                          | 6.4 CITY-ST-ZIP: ATLANTA, GA 30346-2149   |  |

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: *Teresa Blankenship* TERESA BLANKENSHIP 4/23/99 (770) 604-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)