

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003834

FILED
Jun 11, 2009
Secretary of State

Entity Name: MSR HOSPITALITY GP CORP.

Current Principal Place of Business:

1 POST OFFICE SQUARE STE 3100
BOSTON, MA 02109

New Principal Place of Business:

Current Mailing Address:

1 POST OFFICE SQUARE STE 3100
BOSTON, MA 02109

New Mailing Address:

FEI Number: 59-3516676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, DANIEL
1 POST OFFICE SQUARE STE 3100
BOSTON, FL 02109 US

Name and Address of New Registered Agent:

COOLEY, DANIEL
121 SOUTH ORANGE AVE
STE 1500
ORLANDO, FL 32801 US

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: DANIEL COOLEY

06/11/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DINA, JIM
Address: 1 POST OFFICE SQUARE STE 3100
City-St-Zip: BOSTON, MA 02109

Title: VP () Delete
Name: FIELDS, WARREN
Address: 1 POST OFFICE SQUARE STE 3100
City-St-Zip: BOSTON, MA 02109

Title: VP () Delete
Name: BUZA, JOHN
Address: 1 POST OFFICE SQUARE STE 3100
City-St-Zip: BOSTON, MA 02109

Title: VP () Delete
Name: QUINN, MICHAEL
Address: 1 POST OFFICE SQUARE STE 3100
City-St-Zip: BOSTON, MA 02109

Title: VP () Delete
Name: FOSTER, MICHAEL
Address: 1 POST OFFICE SQUARE STE 3100
City-St-Zip: BOSTON, MA 02109

Title: VP () Delete
Name: HARNED, PETER
Address: 1 POST OFFICE SQUARE STE 3100
City-St-Zip: BOSTON, MA 02109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DEVINE, CHRISTOPHER
Address: 1 POST OFFICE SQUARE STE 3100
City-St-Zip: BOSTON, MA 02109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER DEVINE

VP

06/11/2009

Electronic Signature of Signing Officer or Director

Date