

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003834

FILED  
Apr 02, 2012  
Secretary of State

Entity Name: MSR HOSPITALITY GP CORP.

## Current Principal Place of Business:

1 POST OFFICE SQUARE STE 3100  
BOSTON, MA 02110 US

## New Principal Place of Business:

ONE POST OFFICE SQUARE  
SUITE 3100  
BOSTON, MA 02110 US

## Current Mailing Address:

1 POST OFFICE SQUARE STE 3100  
BOSTON, MA 02110 US

## New Mailing Address:

ONE POST OFFICE SQUARE  
SUITE 3100  
BOSTON, MA 02110 US

FEI Number: 59-3516676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: MANTZ, JAY H PRES  
Address: ONE POST OFFICE SQUARE, SUITE 3100  
City-St-Zip: BOSTON, MA 02110 US

Title: AS  
Name: NEWMARK, DEBBIE J AS  
Address: ONE POST OFFICE SQUARE, SUITE 3100  
City-St-Zip: BOSTON, MA 02110 US

Title: T  
Name: SEABODE, SALLY T  
Address: ONE POST OFFICE SQUARE, SUITE 3100  
City-St-Zip: BOSTON, MA 02110 US

Title: VPD  
Name: QUINN, MICHAEL T VPD  
Address: ONE POST OFFICE SQUARE, SUITE 3100  
City-St-Zip: BOSTON, MA 02110 US

Title: VPD  
Name: FRANCO, MICHAEL J VPD  
Address: ONE POST OFFICE SQUARE, SUITE 3100  
City-St-Zip: BOSTON, MA 02110 US

Title: VPD  
Name: BUZA, JOHN P VPD  
Address: ONE POST OFFICE SQUARE, SUITE 3100  
City-St-Zip: BOSTON, MA 02110 US

I hereby 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 all other like empowered.

SIGNATURE: CRYSTAL MCKENZIE

POA

04/02/2012

Electronic Signature of Signing Officer or Director

Date