

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F98000005169**

1. Entity Name

**MERISTAR HOSPITALITY CORPORATION****FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90058 027 \*\*\*150.00

Principal Place of Business

1010 WISCONSIN AVENUE, NW, SUITE 650  
WASHINGTON DC 20007

Mailing Address

1010 WISCONSIN AVENUE, NW, SUITE 650  
WASHINGTON DC 20007-3600

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**75-2648842**

Applied For

Not Applied

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	WILES, BRUCE G	1010 WISCONSIN AVENUE, NW, SUITE 650	WASHINGTON DC 20007	<input type="checkbox"/>

CEOC	WHETSELL, PAUL W	1010 WISCONSIN AVENUE, NW, SUITE 650	WASHINGTON DC 20007	<input type="checkbox"/>
------	------------------	--------------------------------------	---------------------	--------------------------

COO	JORNS, STEVEN D	1010 WISCONSIN AVENUE, NW, SUITE 650	WASHINGTON DC 20007	<input type="checkbox"/>
-----	-----------------	--------------------------------------	---------------------	--------------------------

D	EMERY, JOHN	1010 WISCONSIN AVE NW	WASHINGTON DC 20007	<input type="checkbox"/>
---	-------------	-----------------------	---------------------	--------------------------

VL	BENNETT, CHRISTOPHER	1010 WISCONSIN AVE NW	WASHINGTON DC 20007	<input type="checkbox"/>
----	----------------------	-----------------------	---------------------	--------------------------

				<input type="checkbox"/>
--	--	--	--	--------------------------

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

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 #

1/10/00 202-965-4444