F9900005169

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Mar. S

COVER LETTER

FO: Amendment Section Division of Corporations	
SUBJECT: MeriStar Hospitality Corpora	ation
	e of Corporation)
DOCUMENT NUMBER: F98000005169	
The enclosed withdrawal application and fee are	submitted for filing.
Please return all correspondence concerning this matter to the following:	
Meeghan Ramsey	·
(Nam	e of Person)
Alcor Acquisition	
(Firm	/Company)
6430 Rockledge Drive, Suite 20	00
	Address)
Bethesda, MD 20817	
(City/Stat	e and Zip code)
For further information concerning this matter, plea	ase call:
Meeghan Ramsey at	(301) 581-5931
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)

(Document Number of Corporation (if known)

MeriStar Hospitality Corporation

F98000005169

Maryland

(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affivoluntarily surrenders its authority to transact business or conduct affi	
This corporation revokes the authority of its registered agent in Fappoints the Department of State as its agent for service of process became it was authorized to transact business or conduct affairs in Florida.	ased on a cause of action arising during the
The following is a current mailing address for the corporation:	
6430 Rockledge Drive, Suite 200	
(Mailing Address)	
Bethesda, MD 20817	. 7
(City/State/Zip)	07 JAN SECRETA LLAHA
The corporation agrees to notify the Department of State in the future	e of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date) ATE
Anthony Beovich	Vice President
(Typed or printed name of person signing)	(Title of person signing)
FILING FEE \$35	