2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# F98000006247

Entity Name: LODGING OG CORPORATION

Current Principal Place of Business:

410 SEVERN AVE, S-314
ANNAPOLIS, MD 21403

New Principal Place of Business:

410 SEVERN AVE, SUITE 314
ANNAPOLIS, MD 21403

Current Mailing Address:

410 SEVERN AVE, S-314
ANNAPOLIS, MD 21403

New Mailing Address:

410 SEVERN AVE, SUTIE 314
ANNAPOLIS, MD 21403

FEI Number: 52-2142028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: LUTTHANS, KIM E
Address: 1209 ORANGE ST
City-St-Zip: WILMINGTON, DE 19801

Title: PD ( ) Delete
Name: PILLSBURY, LELAND C
Address: 410 SEVERN AVE, S-314
City-St-Zip: ANNAPOLIS, MD 21403

Title: D ( ) Delete
Name: MALEK, FREDERIC V
Address: 410 SEVERN AVE, S-314
City-St-Zip: ANNAPOLIS, MD 21403

Title: VS ( ) Delete
Name: WEYMER, DAVID J
Address: 410 SEVERN AVE, S-314
City-St-Zip: ANNAPOLIS, MD 21403

Title: TAS ( ) Delete
Name: REID, MARTIN A
Address: 410 SEVERN AVE, S-314
City-St-Zip: ANNAPOLIS, MD 21403

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID J. WEYMER VS 04/16/2004

Electronic Signature of Signing Officer or Director — Date