

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90247 001 \*\*\*750.00

**DOCUMENT # F98000006687**

1. Entity Name  
**INTERSTATE HOTELS CORPORATION**



Principal Place of Business  
**680 ANDERSEN DRIVE, FOSTER PLAZA TEN  
PITTSBURGH PA 15220**

Mailing Address  
**680 ANDERSEN DRIVE, FOSTER PLAZA TEN  
PITTSBURGH PA 15220**



2. Principal Place of Business  
**1010 Wisconsin Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1010 Wisconsin Ave.**  
Suite, Apt. #, etc.

City & State  
**Washington, DC**  
Zip  
**20007**  
Country

City & State  
**Washington, DC**  
Zip  
**20007**  
Country

4. FEI Number  
**75-2767215**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO KILKEARY, KEVIN P 521 SALEM HEIGHTS DRIVE GIBSONIA PA 15044</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALIBHAI, KARIM 680 ANDERSEN DRIVE, FOSTER PLAZA TEN PITTSBURGH PA 15220</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HEWITT, THOMAS F 1055 ST MELLION DRIVE NEVILLEWOOD PA 15142</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD RICHARDSON, J. WILLIAM 680 ANDERSEN DRIVE, FOSTER PLAZA TEN PITTSBURGH PA 15220</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS HUDAK, TIMOTHY Q 680 ANDERSEN DRIVE, FOSTER PLAZA TEN PITTSBURGH PA 15220</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President John Emery 1010 Wisconsin Ave. N.W. Washington, D.C. 20007</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior V.P. Christopher L. Bennett 1010 Wisconsin Ave, N.W. Washington, D.C. 20007</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

3/14/03