

2001 UNIFORM BUSINESS REPORT (UBR)

0027008 AF

DOCUMENT # M95000000326
1. Entity Name
CONTINENTAL DESIGN & SUPPLIES COMPANY, L.L.C.

FILED *LC 3/30*
01 MAR 26 PM 1:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
FOSTER PLAZA X
680 ANDERSEN DRIVE
PITTSBURGH PA 15220

Mailing Address
FOSTER PLAZA X
680 ANDERSEN DRIVE
PITTSBURGH PA 15220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-1771994**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Delete
NAME **INTERSTATE MEMBER, INC.**
STREET ADDRESS **680 ANDERSEN DRIVE, FOSTER PLAZA TEN**
CITY-ST-ZIP **PITTSBURGH PA 15220**

☐ Change ☐ Addition
500003959515--7
-04/04/01--01093--001
*******50.00 *****50.00**

TITLE **MGRM** ☐ Delete
NAME **INTERSTATE HOTELS, LLC**
STREET ADDRESS **680 ANDERSEN DRIVE, FOSTER PLAZA TEN**
CITY-ST-ZIP **PITTSBURGH PA 15220**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/15/01
Date

(412) 937-3313
Daytime Phone #

CR2E083 (11/00)