## FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** FILED Secretary of State 1997 DIVISION OF CORPORATIONS 97 APR -7 AM 9: 44 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT** #<sub>M9600000215</sub> IHC SERVICES COMPANY, L.L.C. FOSTER PLAZA X FOSTER PLAZA X 600 ANDERSEN DRIVE 600 ANDERSEN DRIVE PITTSBURGH PA 15220 PITTSBURGH PA 15220 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 3a. State of Formation 3. Date Organized or Qualified 2. Principal Place of Business 2a. Malling Address D6/20/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 25-1770160 5. Date of Last Report 6. Certificate of Status Desired Country Country Zip \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name CORPORATION SERVICE , COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Sulte, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing Its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE\_ (Registered Agent Accepting Appointment) [NOTE: Registered Agent signature required when reinstating) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGRM INTERSTATE HOTELS CO, NOSTER PLAZA X, 680 ANDERS PITTSBURGH PA MGRM THC MEMBER CORPORATI, HOSTER PLAZA X, 680 ANDERS PITTSBURGH PA 800002137758--7 -04/09/97--01063--019 \*\*\*\*203.75 \*\*\*\*203.75 11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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; and that my name appears in Block 10, or on an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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SIGNATURE:

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