


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 20 PM 1:32 #4121	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company IHC SERVICES COMPANY, L.L.C. FOSTER PLAZA X 600 ANDERSEN DRIVE PITTSBURGH PA 15220				DOCUMENT # M96000000215			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3a. State of Formation DE <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
3. Date Organized or Qualified 06/20/1996				4. FEI Number 25-1770160		5. Date of Last Report 04/07/1997	
7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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) DATE _____							
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MGRM	INTERSTATE HOTELS CO,	FOSTER PLAZA X, 680 ANDERS		PITTSBURGH PA			
MGRM	IHC MEMBER CORPORATI,	FOSTER PLAZA X, 680 ANDERS		PITTSBURGH PA			
				300002503529--7 -04/28/98--01096--002 ****188.75 ****188.75			
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 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; and that my name appears in Block 10, or on an attachment with an address.							
SIGNATURE: <u>J. William Richardson</u> 4-15-98 42-937-0600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #							