

# 2001 UNIFORM BUSINESS REPORT (UBR)

0027006 AF

DOCUMENT # M96000000215

1. Entity Name

IHC SERVICES COMPANY, L.L.C.

Principal Place of Business

FOSTER PLAZA X  
600 ANDERSEN DRIVE  
PITTSBURGH PA 15220

Mailing Address

FOSTER PLAZA X  
600 ANDERSEN DRIVE  
PITTSBURGH PA 15220

FILED

01 MAR 26 PM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1770160

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 32301-2525

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 000003959590-5  
CITY-ST-ZIP -04/04/01--01095--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

MAGNATHIM

3/15/01

(412)937-3313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)