

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0073417

DOCUMENT # M96000000215

1. Entity Name

IHC SERVICES COMPANY, L.L.C.



FILED

03 MAR 21 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

FOSTER PLAZA X
600 ANDERSEN DRIVE
PITTSBURGH PA 15220

Mailing Address

FOSTER PLAZA X
600 ANDERSEN DRIVE
PITTSBURGH PA 15220

2. Principal Place of Business

1010 Wisconsin Ave. 1010 Wisconsin Ave.

3. Mailing Address

1010 Wisconsin Ave. 1010 Wisconsin Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N.W. N.W.

N.W. N.W.

City & State

Washington, D.C.

City & State

Washington, D.C.

Zip

20007

Country

Zip

20007

Country

4. FEI Number 25-1770160

Applied For

Not Applicable

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

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 1010 Wisconsin Ave. NW
CITY-ST-ZIP Washington DC 20007

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

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 1010 Wisconsin Ave. NW
CITY-ST-ZIP Washington DC 20007

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 200014440152
STREET ADDRESS 03/21/03--01028--019 **\$17.50
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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 REQUIRED

3/14/03

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

Date

Daytime Phone #

CR2E083 (10/02)