File on or before May 1, 1998 or Limited Liablilty Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY & FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 20 AM11: 50 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE H 4/21 Name and Mailing Address of Limited Liability Company DOCUMENT # M9600000358 CROSSROADS HOSPITALITY TENANT COMPANY, L. I 1a. Principal Place of Business Address FOSTER PLAZA X FOSTER PLAZA X 680 ANDERSEN DRIVE 680 ANDERSEN DRIVE PITTSBURGH PA 15220 PITTSBURGH PA 15220 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 09/18/1996 4. FEI Number DE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 25-1774116 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name CORPORATION SERVICE , COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt. #, etc. City 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** 10. Title Managing Members/Managers City, State and Zip Code MGRM CROSSROADS HOSPITALITY 680 ANDERSEN DRIVE, FOSTER PITTSBURGH PA MGRM IHC MEMBER CORPORATI, 680 ANDERSEN DRIVE, FOSTER PITTSBURGH PA 200002503652--4 -04/28/98--01096--020 ****188.75 ****188.75

11. Ido hereby bertify 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:

Mullim Kindarda J.William Richardson 444-98

SHATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

Date