

ACCOUNT NO. : 072100000032

REFERENCE: 443575

91243A

AUTHORIZATION :

\$ 285.00 COST LIMIT :

ORDER DATE: June 26, 1997

ORDER TIME: 10:39 AM

ORDER NO. : 443575-005

CUSTOMER NO:

91243A

000002226260--2

CUSTOMER: Amy Reuter, Legal Asst

Interstate Hotels Corporation

Foster Plaza

680 Andersen Drive Pittsburgh, PA 15220

FOREIGN FILINGS

NAME:

CROSSROADS FUTURE COMPANY,

L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Warren Whittaker

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of foreign limited liability com "L.C." if not so contained in the name at Delaware	present. Please note: L.	25-1800167	bbreviation n Florida.)
(Jurisdiction under the law of which:	3.	(FEI number, if applica	ble)
company is organized)	ioreign minico naomy	(FE: munoer, it approx	ole)
October 4, 1996	5	October 4, 2095	
(Date of Organiza	tion)	(Duration: Year limited liability ease to exist or "perpetual")	company will
Upon Qualification			
	business in Florida. (See	sections 608.501, 608.502, and 8	17.155, F.S.)
Foster Plaza X, 68	O Andersen Drive	e, Pittsburgh, PA 152	20
	(Street address of prin	cipal office)	
List name, title, and business ac	idress of each manag	ing member[MGRM] or m	anager[MGR]\
ll manage the foreign limited lial	bility company in Flo	rida: (attach additional page	e if necessary)
Il manage the foreign limited lial	bility company in Flo	rida: (attach additional pag NAME & ADDRESS:	e if necessary)
NAME & ADDRESS:	TITLE:	rida: (attach additional pag NAME & ADDRESS:	e if necessary)
NAME & ADDRESS: rossroads Hospitality Composter Plaza X, 680 Anderse	TITLE:	rida: (attach additional pag NAME & ADDRESS:	
NAME & ADDRESS: rossroads Hospitality Composter Plaza X, 680 Anderse	TITLE: any, L.L.C. MGF n Drive	nida: (attach additional page NAME & ADDRESS: (Member)	e if necessary)
NAME & ADDRESS: rossroads Hospitality Composter Plaza X, 680 Anderse	TITLE:	nida: (attach additional page NAME & ADDRESS: (Member)	e if necessary)
NAME & ADDRESS: rossroads Hospitality Composter Plaza X, 680 Anderse	TITLE: any, L.L.C. MGF n Drive	nida: (attach additional page NAME & ADDRESS: (Member)	e if necessary)
NAME & ADDRESS: rossroads Hospitality Composter Plaza X, 680 Anderse ttsburgh, PA 15220 IC Member Corporation oster Plaza X, 680 Anderse ettsburgh, PA 15220	TITLE: any, L.L.C. MGF n Drive TYPE TYPE TYPE TYPE TYPE TYPE TYPE	NAME & ADDRESS: (Member) (Member)	e if necessary)
NAME & ADDRESS: rossroads Hospitality Composter Plaza X, 680 Anderse ttsburgh, PA 15220 IC Member Corporation Oster Plaza X, 680 Anderse ettsburgh, PA 15220	TITLE: any, L.L.C. MGF n Drive TYPE TYPE TYPE TYPE TYPE TYPE TYPE	NAME & ADDRESS: (Member) (Member)	e if necessary)
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NAME & ADDRESS: rossroads Hospitality Composter Plaza X, 680 Anderse ttsburgh, PA 15220 IC Member Corporation oster Plaza X, 680 Anderse ettsburgh, PA 15220	TITLE: any, L.L.C. MGF n Drive TYPE TYPE TYPE TYPE TYPE TYPE TYPE	NAME & ADDRESS: (Member) (Member)	e if necessary)
NAME & ADDRESS: rossroads Hospitality Composter Plaza X, 680 Anderse ittsburgh, PA 15220 HC Member Corporation oster Plaza X, 680 Anderse ittsburgh, PA 15220	TITLE: any, L.L.C. MGF n Drive TYPE TYPE TYPE TYPE TYPE TYPE TYPE	NAME & ADDRESS: (Member) (Member)	e if necessary)
NAME & ADDRESS: Prossroads Hospitality Composite Plaza X, 680 Anderse Pittsburgh, PA 15220 HC Member Corporation Poster Plaza X, 680 Anderse Plaza X, 680	TITLE: any, L.L.C. MGF n Drive TYPE TYPE TYPE TYPE TYPE TYPE TYPE	NAME & ADDRESS: (Member) (Member)	e if necessary
NAME & ADDRESS: rossroads Hospitality Composter Plaza X, 680 Anderse ittsburgh, PA 15220 HC Member Corporation coster Plaza X, 680 Anderse dittsburgh, PA 15220	TITLE: any, L.L.C. MGF n Drive TYPE TYPE TYPE TYPE TYPE TYPE TYPE	NAME & ADDRESS: (Member) (Member)	e if necessary)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative o	f a member of	200
Crossroads Future Company, L.L.C.	_ deposes and says:	97
1) the above named limited liability company has at least	two members	Mr. Sc. Fill
2) the total amount of cash contributed by the member(s) is \$ 1,000.00	. 2
3) if any, the agreed value of property other than cash co \$ A description of the property	ontributed by member(s) is y is attached and made a p	part hereton
4) the total amount of cash or property anticipated to be \$ 1,000.00 . This total includes amounts from	contributed by member(s) 2 and 3 above.	is

Signature of a member or authorized representative of a member.
(In accordance with section 608.408)37, Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited lia	bility company is:_	Crossroads Future	Company,	L.L.C.
				ONSE
2. The name and address of	the registered age	ent and office is:		NH 30 OH 1
Con	rporation Service	Сошрапу		.05 TON
	(Na	mo)		J
120	Ol Hays Street			
	(P.O. Box n	ot acceptable)	_	
Ta	llahassee, Florid	la 32301		
	(City/Si	ate/Zip)		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

:: Linu Y Mully

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State of Delaware Office of the Secretary of State

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AND REPORT FROM THAT IN CALL OF THE STATE OF

SECRETARY CRATTORS
97 JUN 30 PM 1: 05



Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: