

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0073423

DOCUMENT # M98000000316

1. Entity Name

INTERSTATE HOTELS, LLC



FILED

03 MAR 21 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

680 ANDERSEN DRIVE
FOSTER PLAZA TEN
PITTSBURGH PA 15220

Mailing Address

680 ANDERSEN DRIVE
FOSTER PLAZA TEN
PITTSBURGH PA 15220

2. Principal Place of Business

1010 Wisconsin Ave.

3. Mailing Address

1010 Wisconsin Ave.

Suite, Apt. #, etc.

N.W.

Suite, Apt. #, etc.

N.W.

City & State

Washington, D.C.

City & State

Washington, D.C.

Zip

20007

Country

Zip

20007

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 74-2872892

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

TITLE MGRM ☐ Delete
NAME NORTHBRIDGE HOLDINGS, INC.
STREET ADDRESS FOSTER PLAZA TEN, 680 ANDERSEN DRIVE
CITY-ST-ZIP PITTSBURGH PA 15220

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300014440143
CITY-ST-ZIP 03/21/03--01028--019 **917.50

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Christopher

L. Bennett

3/18/03

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

Date

Daytime Phone #

CR2E083 (10/02)