

5-6-97 B-16408 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01599

(0)

1. Corporation Name

QUALITY HOTELS AND RESORTS, INC.

Principal Place of Business

10750 COLUMBIA PIKE
SILVER SPRING MD 20901

Mailing Address

10750 COLUMBIA PIKE
SILVER SPRING MD 20901-4427



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/11/1984

3a. Date of Last Report

05/01/1996

4. FEI Number

52-1288887

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	HAZARD, ROBERT C.	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRING MD	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	BAINUM, STEWART	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRING MD	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	BAINUM, STEWART, JR.	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRING MD	
TITLE	SVPC	<input checked="" type="checkbox"/> DELETE
NAME	MACCUTCHEN, JAMES A.	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRING MD	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CASEY, EVERETT F.	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRING MD	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	HICKEY, GERALD F.	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRING MD	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Floyd, William R.	
1.3 STREET ADDRESS	10750 Columbia Pike	
1.4 CITY-ST-ZIP	Silver Spring, MD 20901	
2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Landry, Donald J.	
2.3 STREET ADDRESS	10750 Columbia Pike	
2.4 CITY-ST-ZIP	Silver Spring, MD 20901	
3.1 TITLE	V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MacCutcheon, James A.	
3.3 STREET ADDRESS	10750 Columbia Pike	
3.4 CITY-ST-ZIP	Silver Spring, MD 20901	
4.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kubis, Edward A.	
4.3 STREET ADDRESS	10750 Columbia Pike	
4.4 CITY-ST-ZIP	Silver Spring, MD 20901	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Squeri, Joseph M.	
5.3 STREET ADDRESS	10750 Columbia Pike	
5.4 CITY-ST-ZIP	Silver Spring, MD 20901	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joseph M. Squeri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

(301) 979-6250

Date

Daytime Phone #

CR2E034 (9/96)