

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/11/1984	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 52-1288887		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 use if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D
NAME	FLOYD, WILLIAM R	1.2 NAME	
STREET ADDRESS	10750 COLUMBIA PIKE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD	1.4 CITY-ST-ZIP	20901
TITLE	PD	2.1 TITLE	V
NAME	LANDRY, DONALD J	2.2 NAME	Donald Dermsey
STREET ADDRESS	10750 COLUMBIA PIKE	2.3 STREET ADDRESS	10750 Columbia Pike
CITY-ST-ZIP	SILVER SPRING MD	2.4 CITY-ST-ZIP	Silver Spring, MD 20901
TITLE	VTD	3.1 TITLE	V
NAME	MACCUTCHEON, JAMES A	3.2 NAME	Thomas Mingen
STREET ADDRESS	10750 COLUMBIA PIKE	3.3 STREET ADDRESS	10750 Columbia Pike
CITY-ST-ZIP	SILVER SPRING MD	3.4 CITY-ST-ZIP	Silver Spring, MD 20901
TITLE	VS	4.1 TITLE	S/V
NAME	KUBIS, EDWARD A	4.2 NAME	Michael J. De Santis
STREET ADDRESS	10750 COLUMBIA PIKE	4.3 STREET ADDRESS	10750 Columbia Pike
CITY-ST-ZIP	SILVER SPRING MD	4.4 CITY-ST-ZIP	Silver Spring, MD 20901
TITLE	V	5.1 TITLE	
NAME	SQUERI, JOSEPH M	5.2 NAME	
STREET ADDRESS	10750 COLUMBIA PIKE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD	5.4 CITY-ST-ZIP	20901
TITLE		6.1 TITLE	Asst. T
NAME		6.2 NAME	Gerald F. Hickey
STREET ADDRESS		6.3 STREET ADDRESS	10750 Columbia Pike
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Silver Spring, MD 20901

14. 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 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

4/27/98

(301) 979-1050

CR2E034 (10/97)