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3-27-95 C-B-2608

APPROVED AND FILED

95 MAR 27 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P08220 (6)
 1. Corporation Name
HOTEL PROPERTIES MANAGEMENT, INC.

Principal Place of Business Mailing Address
 10400 FERNWOOD RD DEPT 862 BETHESDA MA 20817
 10400 FERNWOOD RD DEPT 72/862 BETHESDA MA 20817 US

2. Principal Place of Business 2a. Mailing Address
 21 28
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 26
 Zip Country Zip Country
 24 25 29 30

DO NOT WRITE IN THIS SPACE.
 3. Date Incorporated or Qualified 11/26/1985
 3a. Date of Last Report 04/27/1994
 4. FEI Number 52-1436931 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

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
 110 NORTH MAGNOLIA STREET
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City
 B5 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------|
| TITLE | PTD |
| NAME | PARSONS, ROBERT E. (JR.) |
| STREET ADDRESS | 10400 FERNWOOD RD |
| CITY - ST - ZIP | BETHESDA MD |
| TITLE | V |
| NAME | HART, MATTHEW J. |
| STREET ADDRESS | 10400 FERNWOOD RD |
| CITY - ST - ZIP | BETHESDA MD |
| TITLE | S |
| NAME | TOWNSEND, CHRISTOPHER G. |
| STREET ADDRESS | 10400 FERNWOOD RD |
| CITY - ST - ZIP | BETHESDA MD |
| TITLE | VD |
| NAME | EINSTEIN, WILLIAM E |
| STREET ADDRESS | 10400 FERNWOOD RD |
| CITY - ST - ZIP | 852 |
| TITLE | AS |
| NAME | WALLACE, SUSAN E |
| STREET ADDRESS | 10400 FERNWOOD RD |
| CITY - ST - ZIP | BETHESDA MD |
| TITLE | VD |
| NAME | MAYER, JEFFREY P. |
| STREET ADDRESS | 10400 FERNWOOD RD |
| CITY - ST - ZIP | BETHESDA MD |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | V, S, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Susan E. Wallace Susan E. Wallace March 6, 1995 (301) 380-5168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Month/Year)

P08220

**HOTEL PROPERTIES MANAGEMENT, INC. #P08220
OFFICERS AND DIRECTORS NAME AND MAILING ADDRESSES**

BUSINESS ADDRESS

| | | |
|---------------|-----------------------|---|
| V | Bruce F. Stemerman | 10400 Fernwood Road , Bethesda, MD 20817-1109 |
| | Pamela J. Murch | 10400 Fernwood Road , Bethesda, MD 20817-1109 |
| | Stephen F. Bollenbach | 10400 Fernwood Road , Bethesda, MD 20817-1109 |
| | Stephen J. McKenna | 10400 Fernwood Road , Bethesda, MD 20817-1109 |
| AS | Douglas B. Waren | 10400 Fernwood Road , Bethesda, MD 20817-1109 |
| | Pamela J. Murch | 10400 Fernwood Road , Bethesda, MD 20817-1109 |
| | S. Ann Richardson | 10400 Fernwood Road , Bethesda, MD 20817-1109 |
| CAO, D | Bruce F. Stemerman | 10400 Fernwood Road , Bethesda, MD 20817-1109 |