

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/26/1985

3a. Date of Last Report

03/27/1995

4. FEI Number

52-1436931

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

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 agent 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	PTD	<input checked="" type="checkbox"/> DELETE
NAME	PARSONS, ROBERT E. (JR.)	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HART, MATTHEW J.	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	TOWNSEND, CHRISTOPHER G.	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EINSTEIN, WILLIAM E	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	652	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WALLACE, SUSAN E	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MAYER, JEFFREY P.	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD	

1.1 TITLE	P/D/CAO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bruce F. Stemerman	
1.3 STREET ADDRESS	10400 Fernwood Road	
1.4 CITY-ST-ZIP	Bethesda, MD 20817-1109	
2.1 TITLE	V/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Pamela J. Murch	
2.3 STREET ADDRESS	10400 Fernwood Road	
2.4 CITY-ST-ZIP	Bethesda, MD 20817-1109	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Scott A. LaPorta	
3.3 STREET ADDRESS	10400 Fernwood Road	
3.4 CITY-ST-ZIP	Bethesda, MD 20817-1109	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stephen J. McKenna	
4.3 STREET ADDRESS	10400 Fernwood Road	
4.4 CITY-ST-ZIP	Bethesda, MD 20817-1109	
5.1 TITLE	Tra-AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Tracy M. J. Colden	
5.3 STREET ADDRESS	10400 Fernwood Road	
5.4 CITY-ST-ZIP	Bethesda, MD 20817-1109	
6.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robert E. Parsons, Jr.	
6.3 STREET ADDRESS	10400 Fernwood Road	
6.4 CITY-ST-ZIP	Bethesda, MD 20817-1109	

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

4/18/96

(301) 380-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)