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FILED  
Mar 31 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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



Principal Place of Business  
10400 FERNWOOD RD  
DEPT 862  
BETHESDA MA 20817

Mailing Address  
10400 FERNWOOD RD  
DEPT 72/862  
BETHESDA MA 20817  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/26/1985	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 52-1436931	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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

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	PDT	1.1 TITLE	
NAME	BRUCE F. STEMERMAN	1.2 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	1.4 CITY-ST-ZIP	
TITLE	VAS	2.1 TITLE	
NAME	PAMELA J. MURCH	2.2 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	2.4 CITY-ST-ZIP	
TITLE	VASD	3.1 TITLE	SVD
NAME	TOWNSEND, CHRISTOPHER G.	3.2 NAME	
STREET ADDRESS	10400 FERNWOOD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	200002473422
NAME	WALLACE, SUSAN E	4.2 NAME	-03/31/98--01026--023
STREET ADDRESS	10400 FERNWOOD RD	4.3 STREET ADDRESS	***1950.00
CITY-ST-ZIP	BETHESDA MD	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	COBURN, ANNA MARY	5.2 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	V
NAME		6.2 NAME	STOWE, EARLA
STREET ADDRESS		6.3 STREET ADDRESS	10400 FERNWOOD ROAD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BETHESDA, MD 20817-1109

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

CR2E034 (10/97)