

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90187 020 ***150.00

DOCUMENT # P12470

1. Corporation Name
THE CTF HOTEL MANAGEMENT CORPORATION

Principal Place of Business

10400 FERNWOOD RD
BETHESDA MD 20817
US

Mailing Address

~~COOPERS & LYBRAND LLP~~
1375 E 9TH ST SUITE 1500
CLEVELAND OH 44114
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

-12/11/1986- 5/6/77

4. FEI Number

34-1217655

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 PRICewaterhouseCOOPERS LLP

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS 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

TITLE DVPT ☐ DELETE
NAME GAFFNEY, PATRICK M.
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

TITLE VP ☐ DELETE
NAME KIMBALL, KEVIN M.
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

TITLE VP ☐ DELETE
NAME WALKER, MYRON D.
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

TITLE DPS ☐ DELETE
NAME HEININGER, KARL DANIEL
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

TITLE VP ☐ DELETE
NAME CLIST, TODD
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

TITLE AS ☐ DELETE
NAME BENZ, NANCY L.
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Nancy L. Benz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/99

301-380-8742

CR2E034 (11/98)

052/4309