2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P12470** May 24, 2000 8:00 am Secretary of State 1. Entity Name THE CTF HOTEL MANAGEMENT CORPORATION 05-24-2000 90151 012 ***150.00 Principal Place of Business Mailing Address PRIOEWATERHOUSEOGOPERS LLF AAAA FPRHAMAAA BA BETHEODA MO 20017 1975 E-9TH-9T-9UITE-1500 us **CLEVELAND-OH-4414-4-78G** US 2. Principal Place of Business 3. Mailing Address 255 Alhambra Circle 1615 M Street N.W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 700 Suite 600 City & State City & State 4. FEI Number Applied For 34-1217655 Not Applicable Coral Cables, Washington, \$8.75 Additional 5. Certificate of Status Desired ____ Fee Required 20036 33134 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DVPT TITLE ☐ Delete TITLE Assistant Secretary Change Addition O. 4. . 17. E GAFFNEY, PATRICK M. NAME NAME Gaffney, Patrick M. STREET ADDRESS 10400 FERNWOOD RD STREET ADDRESS 1615 M Street NW, Suite 700 CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD 20817 Washington, D.C. 20036 Delete TITLE Vice President/Secretary Change TITLE KIMBALL, KEVIN M. NAME NAME Hornbacher, Bradley D. STREET ADDRESS STREET ADDRESS 10400 FERNWOOD RD 255 Alhambra Circle, Suite 600 CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD 20817 Coral_Gables, FL 33134 Vice President/Assistant Secretary Delete TITLE TÎTLE: WALKER, MYRON D. NAME NAME Fuerst, Heidi STREET ADDRESS 10400 FERNWOOD RD STREET ADDRESS 1615 M Street NW, Suite 700 CITY-ST-ZIP BETHESDA MD 20817 CITY-ST-ZIP Washington, D.C. 20036 ☐ Change TITLE TITLE ☐ Delete HEININGER, KARL DANIEL NAME NAME 10400 FERNWOOD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BETHESDA MD 20817 CITY-ST-ZIP TITLE TITI F ☐ Change Addition CLIST, TODD NAME NAME STREET ADDRESS 10400 FERNWOOD RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD 20817 AS ☐ Change ☐ Addition TITI F TITLE BENZ, NANCY L. NAME NAME 10400 FERNWOOD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD 20817

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with 40 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT Bradley D. Hornbacher

4-28-00

305-442-2774

Daytime Phone #