

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMM HALL
TALLAHASSEE, FLORIDA 32301-0001
TEL: 904-412-1000 FAX: 904-412-1001

DOCUMENT # P20127

(7)

INTERSTATE HOTELS CORPORATION #210

APPROVED
AND
FILED

95 MAY -1 AM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address

FOSTER PLAZA X
680 ANDERSON DRIVE
PITTSBURGH PA 15220
US

Mailing Address

FOSTER PLAZA X
680 ANDERSON DRIVE
PITTSBURGH PA 15220

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (2 Digits)	3a. Date of Last Report
07/20/1988	04/22/1994
4. FEI Number	Applied For Not Applicable
25-1537340	
5. Corporate Status Desired	\$8.75 Additional Fee Required
6. Director Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.012, Florida Statutes.	☐ Yes ☒ No

2. Director(s) Name(s) & Address(es)	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.010, 607.011, 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 607.1508, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Not to be signed by a corporation)

Signature of Registered Agent (Not to be signed by a corporation)

Print Name

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	CD FINE, MILTON 145 OLD MILL ROAD PITTSBURGH PA	1. TITLE	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	
CITY, STATE, ZIP		3. STREET ADDRESS	
NAME	S DROZ, MARVIN 680 ANDERSEN DR PITTSBURGH PA	4. TITLE	☐ Change ☐ Addition
STREET ADDRESS		5. NAME	
CITY, STATE, ZIP		6. STREET ADDRESS	
NAME	V FROMAN, ROBERT L. 420 WOODLAND ROAD SEWICKLEY PA	7. TITLE	☐ Change ☐ Addition
STREET ADDRESS		8. NAME	
CITY, STATE, ZIP		9. STREET ADDRESS	
NAME	P KLEISNER, FREDERICK J. SCAIFE ROAD SEWICKLEY PA	10. TITLE	☐ Change ☐ Addition
STREET ADDRESS		11. NAME	
CITY, STATE, ZIP		12. STREET ADDRESS	
NAME	V RICHARDSON, J. W. 680 ANDERSEN DR. PITTSBURGH PA	13. TITLE	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY, STATE, ZIP		15. STREET ADDRESS	
NAME		16. TITLE	☐ Change ☐ Addition
STREET ADDRESS		17. NAME	
CITY, STATE, ZIP		18. STREET ADDRESS	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.012, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall bear the same legal effect as if made under oath. That I am an officer or director of this corporation or the manager or trustee empowered to execute this report as required by Chapter 447, Florida Statutes, and that my name appears on Block 1 of the Block 1 of the report or on an affidavit accompanying this filing.

SIGNATURE:

J. William Richardson U.S.
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
J. William Richardson

4-26-95