SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED Aug 19 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P24828 (6)CAPSTAR HOTELS, INC. Principal Place of Business Mailing Address 1010 WISCONSIN AVE #650 1010 WISCONSIN AVE #650 WASHINGTON DC 20007 WASHINGTON DC 20007 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 04/09/1996 06/19/1989 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 13-3456000 21 26 Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Г 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent UNITED CORPORATE SERVICES, INC. Name 801 NE 167TH ST #300 82 Street Address (P.O. Box Number is Not Acceptable) N MIAMI BEACH FL 33162 83 City 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Addition Change TITLE 1.1 TITLE WHETSELL, PAUL NAME 1.2 NAME 1121 NEW HAMPSHIRE AVE. STREET ADDRESS 1.3 STREET ADDRESS **WASHINGTON DC** CITY-\$T-ZIP 1.4 CITY - ST- ZIP DELETE ☐ Addition TITLE ☐ Change 2.1 TITLE ROUSE, RICHARD NAME 2.2 NAME **355 LEXINGTON AVE** STREET ADDRESS 2.3 STREET ADDRESS **NEW YORK NY** CITY-\$T-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE BURACK, DANIEL J NAME 3.2 NAME **355 LEXINGTON AVE.** STREET ADDRESS 3.3 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE ISAACSON, HOWARD NAME 4. 2 NAME 1010 WISCONSIN AVE #650 STREET ADDRESS 4.3 STREET ADDRESS WASHINGTON DC 20007 CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change TITLE noitibhA [5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZIP

14. I do 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.

6.1 TITLE

6.2 NAME 63 STREET ADDRESS

DELETE

Should Po Saute 1

TITLE

STREET ADDRESS CITY-ST-ZIP

☐ Change

Addition