

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
CONSTITUTIONAL SECRETARIAT

APPROVED
AND
FILED

95 MAY -1 AM 3:13

DOCUMENT # P33154 (6)

INTERSTATE HOTELS CORPORATION #1026

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTER OR WRITE IN THIS SPACE

3. Filing Date (Month/Day/Year)	3a. Date of Last Report
03/12/1991	04/27/1994
4. FFI Number	Applied For Not Applicable
25-1651677	
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 has liability for abstracts tax under 5-105(1)(b) Florida Statutes	☐ Yes ☒ No

2. Principal Office (City, State, Zip)	2a. Mailing Address
21. State: April 1994	26. State: April 1994
22. City & State	27. City & State
23. Zip	28. Zip
24. *	29. *

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHIMOFF, IRVING COURTHOUSE CENTER, 175 NW 1ST AVE., SUITE 2000 MIAMI FL 33128	81. Name 82. Street Address (P.O. Box Number or Not Applicable) 83. 84. City 85. Zip Code

11. Pursuant to the provisions of Sections 497.01(2) and 497.14(4), 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 Sections 497.01(2) and 497.14(4), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required when Agent is not a Director)

Signature of Registered Agent (Required when Agent is not a Director)

Signature

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
NAME: CSD FINE, MILTON STREET ADDRESS: 680 ANDERSEN DR. PITTSBURGH PA CITY, STATE, ZIP: V	1. NAME 1.1 STREET ADDRESS 1.2 CITY, STATE, ZIP Change Add
NAME: FROMAN, ROBERT STREET ADDRESS: 680 ANDERSEN DR. PITTSBURGH PA CITY, STATE, ZIP: S	2. NAME 2.1 STREET ADDRESS 2.2 CITY, STATE, ZIP Change Add
NAME: DROZ, MARVIN STREET ADDRESS: 680 ANDERSEN DR. PITTSBURGH PA CITY, STATE, ZIP: VT	3. NAME 3.1 STREET ADDRESS 3.2 CITY, STATE, ZIP Change Add
NAME: PARRINGTON, W. THOMAS STREET ADDRESS: 680 ANDERSEN DRIVE PITTSBURGH PA CITY, STATE, ZIP: P	4. NAME 4.1 STREET ADDRESS 4.2 CITY, STATE, ZIP Change Add
NAME: KLEISNER, FREDERICK J. STREET ADDRESS: 680 ANDERSEN DRIVE PITTSBURGH FL CITY, STATE, ZIP: V	5. NAME 5.1 STREET ADDRESS 5.2 CITY, STATE, ZIP Change Add
NAME: RICHARDSON, J. W. STREET ADDRESS: 680 ANDERSEN DR PITTSBURGH PA CITY, STATE, ZIP: V	6. NAME 6.1 STREET ADDRESS 6.2 CITY, STATE, ZIP Change Add

14. I hereby certify that the information supplied with this filing is substantially true and correct, and comply with the requirements stated in Sections 497.01(2) and 497.14(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 record or regular employee responsible for compiling this report as required by Chapter 497, Florida Statutes, and that my signature appears in Block 12 or Block 13 is required, or on any other filing with this address.

SIGNATURE:

William Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William Richardson

4-26-95