


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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P34729 (4) 1. Corporation Name CAPITOL HOTEL GROUP, INC.					
Principal Place of Business 11200 ROCKVILLE PIKE ROCKVILLE MD 20852			Mailing Address 11200 ROCKVILLE PIKE ROCKVILLE MD 20852-3103		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/18/1991 3a. Date of Last Report 07/17/1996 4. FEI Number 52-1438245 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 607.0502 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS 1.1 TITLE P 1.2 NAME THOMPSON, RONALD W. 1.3 STREET ADDRESS 11200 ROCKVILLE PIKE 1.4 CITY-ST-ZIP ROCKVILLE MD 1.5 TITLE AS 1.6 NAME JACKSON, ELIJAH L. 1.7 STREET ADDRESS 11200 ROCKVILLE PIKE 1.8 CITY-ST-ZIP ROCKVILLE MD 1.9 TITLE SD 1.10 NAME WILLOUGHBY, H. WILLIAM 1.11 STREET ADDRESS 11200 ROCKVILLE PIKE 1.12 CITY-ST-ZIP ROCKVILLE MD 1.13 TITLE CDT 1.14 NAME DOCKSER, WILLIAM B. 1.15 STREET ADDRESS 11200 ROCKVILLE PIKE 1.16 CITY-ST-ZIP ROCKVILLE MD 1.17 TITLE V 1.18 NAME COHEN, JAY R. 1.19 STREET ADDRESS 11200 ROCKVILLE PIKE 1.20 CITY-ST-ZIP ROCKVILLE MD 1.21 TITLE 1.22 NAME 1.23 STREET ADDRESS 1.24 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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, or on an attachment with an address.					
SIGNATURE: ELIJAH L. JACKSON, ASSISTANT SECRETARY, 4/29/97 (301) 468-9212 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)