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95 MAY -1 AM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P37936 (2)
1. Corporation Name
INTERSTATE HOTELS CORPORATION #1022

Principal Place of Business FOSTER PLAZA X 680 ANDERSON DRIVE PITTSBURGH PA 15220	Mailing Address FOSTER PLAZA X 680 ANDERSON DRIVE PITTSBURGH PA 15220
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. # etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. # etc. 27 City & State 28 Zip 29
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3. Date Inc. or created or Qualified 03/17/1992	3a. Date of Last Report 04/27/1994
4. FFI Number 25-1670917	Applied For Not Applicable
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 failed to pay franchise fee under § 199.042 Florida Statutes ☒ No ☐ Yes	

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
85 FL Zip Code

11. Pursuant to the provisions of Sections 199.03(2) and 199.04(1) Florida Statutes, the above named corporation submits this statement for the purpose of designating registered officers 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 provisions of Sections 199.03(2) Florida Statutes.

SIGNATURE _____
I, _____, Secretary of State, do hereby certify that the foregoing is a true and correct copy of the original as filed in my office.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	P KLEISNER, FREDERICK J. SCAIFE ROAD SEWICKLEY PA	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	☐ Change ☐ Addition
1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	V FROMAN, ROBERT L. 420 WOODLAND ROAD SEWICKLEY PA	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	☐ Change ☐ Addition
1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	S DROZ, MARVIN I. 1356 OAK LEDGE CORUT PITTSBURGH PA	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	☐ Change ☐ Addition
1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	VT PARRINGTON, W. THOMAS, JR 504 BEAVER ROAD SEWICKLEY PA	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	☐ Change ☐ Addition
1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	CD FINE, MILTON 145 OLD MILL ROAD PITTSBURGH PA	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	☐ Change ☐ Addition
1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	V RICHARDSON, J. W. 680 ANDERSEN DR PITTSBURGH PA	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	☐ Change ☐ Addition

14. I, _____, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.03(2) and 199.04(1) 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 have the same legal effect as if made under oath. That I am an officer or director of the corporation or the record of listing corporation to enter into this report is required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 or changed on an attachment with an address.

SIGNATURE: *William Richardson* V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. William Richardson
4-26-95