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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
TALLAHASSEE, FLORIDA 32399

**DOCUMENT # P40185**

**(1)**

**INTERSTATE HOTELS CORPORATION #1042**

DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
FOSTER PLAZA X  
680 ANDERSON DRIVE  
PITTSBURGH PA 15220

**Mailing Address**  
FOSTER PLAZA X  
680 ANDERSON DRIVE  
PITTSBURGH PA 15220

|                                                                                                                                                                 |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 3. Date of Incorporation or Organization<br><b>08/25/1992</b>                                                                                                   | 3a. Date of Last Report<br><b>04/27/1994</b>            |
| 4. FIC Number<br><b>25-1688753</b>                                                                                                                              | Applied For<br><input type="checkbox"/> Not Application |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                    | <b>\$8.75 Additional Fee Required</b>                   |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                           | <b>\$5.00 May Be Added to Fees</b>                      |
| 8. This corporation has submitted the appropriate tax under § 199.032, Florida Statutes.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                         |

|                                |                            |
|--------------------------------|----------------------------|
| 2. Principal Place of Business | 2a. Mailing Address        |
| 21. State of Incorporation     | 26. State of Incorporation |
| 22. City & State               | 27. City & State           |
| 23. City & State               | 28. City & State           |
| 24. City & State               | 29. City & State           |
| 25. City & State               | 30. City & State           |

|                                                                                                                                          |                                              |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> | 10. Name and Address of New Registered Agent |
| 81. Name                                                                                                                                 |                                              |
| 82. Street Address, P.O. Box Number, Not Application                                                                                     |                                              |
| 83.                                                                                                                                      |                                              |
| 84. City                                                                                                                                 | FL 85. Zip Code                              |

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(9), Florida Statutes, the above named corporation submits the statement for the purpose of having its registered office or registered agent, or both, in the State of Florida, such change was authorized by the corporation's board of directors, thereby, accept the appointment as registered agent. I am further authorized to accept the compliance of Sections 607.04(2) and 607.15(9), Florida Statutes.

**SIGNATURE**

| 12. OFFICERS AND DIRECTORS                                                     |                                                    | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS                  |  |
|--------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|--|
| NAME<br>CD<br>FINE, MILTON<br>680 ANDERSON DRIVE<br>PITTSBURGH PA              | 14. NAME<br>15. STREET ADDRESS<br>16. CITY & STATE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME<br>P<br>KLEISNER, FREDERICK J.<br>680 ANDERSON DRIVE<br>PITTSBURGH PA     | 14. NAME<br>15. STREET ADDRESS<br>16. CITY & STATE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME<br>VT<br>PARRINGTON, W. THOMAS, JR<br>680 ANDERSON DRIVE<br>PITTSBURGH PA | 14. NAME<br>15. STREET ADDRESS<br>16. CITY & STATE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME<br>V<br>FROMAN, ROBERT L.<br>680 ANDERSON DRIVE<br>PITTSBURGH PA          | 14. NAME<br>15. STREET ADDRESS<br>16. CITY & STATE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME<br>V<br>RICHARDSON, J. WILLIAM<br>680 ANDERSON DRIVE<br>PITTSBURGH PA     | 14. NAME<br>15. STREET ADDRESS<br>16. CITY & STATE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME<br>S<br>DROZ, MARVIN I.<br>680 ANDERSON DRIVE<br>PITTSBURGH PA            | 14. NAME<br>15. STREET ADDRESS<br>16. CITY & STATE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 607.04(2) and 607.15(9), Florida Statutes. I further certify that this information is directed on the 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, the undersigned, do hereby accept the responsibility of the report or reports prepared to be filed in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of the filing as a change or addition to the officers and directors.

**SIGNATURE:**

*J. William Richardson* V.P.  
SIGNATURE AND TYPE OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR  
**J. William Richardson**

4-26-95