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

Mailing Address

200 S. 23RD AVE.

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # **P93000008471**1. Corporation Name

RLJ PROPERTIES, INC.

Principal Place of Business 370 MINORCA AVE

SUITE ONE THE LAW CENTER CORAL GABLES FL 33134		STE. E-1 BOZEMAN MT 59715 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
						01/29/1993		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For		
21		26				65-0385900 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired ' \$8.75 Additional		
22		27				ree Required		
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be		
23	28	T- Country			Trade and Community			
Zip	Country	Zip	¬ '			8. This corporation owes the current year Intangible  Personal Property Tax		
24	25	29	30	_		Personal Property Tax. Yes LINO  10. Name and Address of New Registered Agent		
	9. Name and Address of Currer	it Registered Agent		81	Name	To. Maille alto Address of New Addistance Age.		
THOMSON, JOHN M								
	MINORCA AVE				Street	ddress (P.O. Box Number is Not Acceptable)		
	AL GABLES FL 33134			83				
CON	AL CIADLES I E 00104			63				
				84	City	85 Zip Code		
						corporation submits this statement for the purpose of changing its registered		
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was	s authorized	עסנ	tne corpo	oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NC	TE: Registered	Agen	t signature r	required when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	☐ DELETE	1.1 Ti	TLE		☐ Change ☐ Addition		
NAME	STINNETT, JAMES B		1.2 N	AME				
STREET ADDRESS	607 BERKSHIRE CT.		1.3 STRE		ADDRESS			
CITY-ST-ZIP	DOWNERS GROVE IL		1,4 C	1.4 CITY-ST-ZIP				
TITLE	P	☐ DELETE	2.1 TI			☐ Change ☐ Addition		
NAME	•		2.2 N	2.2 NAME				
STREET ADDRESS	COLUMN AND DOUG		2.3 \$	2.3 STREET ADDRESS				
CITY-ST-ZIP	DOTTINAL MET		1	2. 4 CITY-ST-ZIP				
TITLE	VP	☐ DELETE	3.1 TITLE			Change Addition		
NAME	MUSFELDT, LINDA G		3.2 N	AME				
STREET ADDRESS	THE DELICOST OF		3.3 S	3.3 STREET ADDRESS				
CITY-ST-ZIP	NAPERVILLE IL		3.4. 0	3.4. CITY-ST-ZIP				
TITLE				4.1 TITLE		Change Addition		
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP				ITY-S				
TITLE	-	☐ DELETE	5.1 Ti			☐ Change ☐ Addition		
NAME	53		5.2 N	5.2 NAME				
STREET ADDRESS			5.3 ST		ADDRESS			
CITY-ST-ZIP			5.4 C	ITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 T	ITLE		Change Addition		
NAME			6.2 N	AME				
STREET ADDRESS			6.3 S	TREE	ADDRESS			
CITY-ST-ZIP			6.4 C	ITY-S	T-ZIP			
14 I harabu s	certify that the information supplied w	rith this filing does not qualify	for the exe	mpt	on state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information		
indicated officer or	on this annual report or cumplements	al annual report is true and a eiver or trustee empowered t	ccurate and o execute t	l tha his r	t my sign eport as	nature shall have the same legal effect as it made under oath, that I am an required by Chapter 607, Florida Statutes; and that my name appears in		

SIGNATURE:

**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90108 025 \*\*\*150.00