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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000046611 (7)

CAPSTAR HOTELS OF TALLAHASSEE, INC.

## **FILED** Feb 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address C/O UNITED CORPORATE SERVICES, INC. C/O UNITED CORPORATE SERVICES, INC. 801 N.E. 167TH STREET, SUITE 300 NORTH MIAMI BEACH FL 33162 301 N.E. 167TH STREET, SUITE 300 DO NOT WRITE IN THIS SPACE NORTH MIAMI BEACH FL 33162 3. Date Incorporated or Qualified 06/22/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3267957 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired ☒ Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zìo Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 24 Personai Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent UNITED CORPORATE SERVICES INC. 801 N.E. 167TH STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 300 83 NORTH MIAMI BEACH FL 33162 84 City 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 (amiliar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition ISAACSON, HAVARD NAME 1.2 NAME 1010 WISCONSIN AVENUE STREET ADDRESS 1.3 STREET ADDRESS WASHINGTON DC CITY-SI-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MCCASLIN, DAVID NAME 2.2 NAME 1010 WISCONSIN AVENUE STREET ADDRESS 2.3 STREET ADORESS WASHINGTON DC 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE WHETSELL, PAUL NAME 3.2 NAME 1010 WISCONSIN AVENUE STREET ADDRESS 3,3 STREET ADDRESS WASHINGTON DC CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TOTLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

SIGNATURE:

14. I hereby certify that the information supplied with this filling 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 if changed; or on an attachment with an address BASISCACUMED Howard B. Isaacson 1 13 98 202-295-2324

6.4 CITY-SY-ZIP

CR2E034 (10/97