

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000035600

FILED
Mar 24, 2009
Secretary of State

Entity Name: BOCA RATON WEST HOSPITALITY CORP.

Current Principal Place of Business:

7501 WINSCONSIN AVENUE
SUITE 1500
BETHESDA, MD 20814 US

New Principal Place of Business:

Current Mailing Address:

7501 WINSCONSIN AVENUE
SUITE 1500
BETHESDA, MD 20814 US

New Mailing Address:

FEI Number: 52-2096106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAUL III, FRANCIS B
Address: 7501 WINSCONSIN AVE. -SUITE 1500
City-St-Zip: BETHESDA, MD 20814 US

Title: V () Delete
Name: CARRIER, MARK
Address: 7501 WINSCONSIN AVE. - SUITE 1500
City-St-Zip: BETHESDA, MD 20814 US

Title: V () Delete
Name: HEASLEY, ROSS
Address: 7501 WINSCONSIN AVE. - SUITE 1500
City-St-Zip: BETHESDA, MD 20814 US

Title: T () Delete
Name: SHOOP, KENNETH D
Address: 7501 WINSCONSIN AVE. - SUITE 1500
City-St-Zip: BETHESDA, MD 20814 US

Title: S () Delete
Name: SUSTERSICH, MERLE
Address: 7501 WINSCONSIN AVE. -SUITE 1500
City-St-Zip: BETHESDA, MD 20814 US

Title: V () Delete
Name: CONNORS, PATRICK
Address: 7501 WINSCONSIN AVE. -SUITE 1500
City-St-Zip: BETHESDA, MD 20814 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSS E. HEASLEY

V

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date