FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S88703** **(1)**

1. Corporation Name

NEW BERN HOTELS, INC.

Principal Place of Business	Mailing Address
C/O CLARENDON NATURAL INSURANCE COMPANY 1 BICENTENNIAL PARK NEW BERN NC 28560 US	C/O CLARENDON NATURAL INSURANCE COMPANY PO BOX 130 NEW BERN NC 28560 US

3. Date Incorporated or Qualified: **10/21/1991**
3a. Date of Last Report: **02/01/1995**

4. FEI Number: **59-3104578** ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1605, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 TITLE	☒ Change ☐ Addition
NAME	JOHNSON, GARY		2 NAME	
STREET ADDRESS	599 LEXINGTON AVENUE		3 STREET ADDRESS	1177 AVE OF AMERICAS 44th & 45 Floors
CITY-ST-ZIP	NEW YORK NY		4 CITY-ST-ZIP	New York, NY 10036
TITLE	VD	☐ DELETE	5 TITLE	☒ Change ☐ Addition
NAME	FERGUSON, ROBERT D.		6 NAME	
STREET ADDRESS	599 LEXINGTON AVENUE		7 STREET ADDRESS	1177 AVE OF AMERICAS 44th & 45th Floor
CITY-ST-ZIP	NEW YORK NY		8 CITY-ST-ZIP	New York, NY 10036
TITLE	TD	☒ DELETE	9 TITLE	TD ☐ Change ☒ Addition
NAME	LICHTENSTEIN, DAVID		10 NAME	James Bain
STREET ADDRESS	599 LEXINGTON AVENUE		11 STREET ADDRESS	1177 AVE OF AMERICAS 44th & 45th Floors
CITY-ST-ZIP	NEW YORK NY		12 CITY-ST-ZIP	New York, NY 10036
TITLE	D	☒ DELETE	13 TITLE	Asst Sec. / Asst Treas ☐ Change ☒ Addition
NAME	MILO, RALPH		14 NAME	Vickie J. Rinehart
STREET ADDRESS	599 LEXINGTON AVENUE		15 STREET ADDRESS	1177 AVE of Americas 44th & 45th Floors
CITY-ST-ZIP	NEW YORK NY		16 CITY-ST-ZIP	New York, NC 10036
TITLE	D	☐ DELETE	17 TITLE	☒ Change ☐ Addition
NAME	VAUGHN, RICHARD		18 NAME	
STREET ADDRESS	599 LEXINGTON AVENUE		19 STREET ADDRESS	1177 AVE OF Americas 44th & 45 Floors
CITY-ST-ZIP	NEW YORK NY		20 CITY-ST-ZIP	New York, NY 10036
TITLE	AT	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ZOTIAN, EDWARD V		22 NAME	
STREET ADDRESS	599 LEXINGTON AVENUE		23 STREET ADDRESS	1177 AVE OF AMERICAS 44th & 45 Floors
CITY-ST-ZIP	NEW YORK NY		24 CITY-ST-ZIP	New York, NY 10036

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, accurate, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 attached sheet, with an address.

SIGNATURE: Jay C. Johnson Pres. 1/24/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 919-638-3585