

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V14286

FILED
Apr 21, 2008
Secretary of State

Entity Name: HOTEL FUND, INC.

Current Principal Place of Business:

4733 BETHESDA VE
STE 640
BETHESDA, MD 20814

New Principal Place of Business:

Current Mailing Address:

4733 BETHESDA VE
STE 640
BETHESDA, MD 20814

New Mailing Address:

FEI Number: 58-1994708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: D () Delete
Name: SPIVACK, EDMUND S.,
Address: 4733 BETHESDA AVE STE 640
City-St-Zip: BETHESDA, MD 20814

Title: P () Delete
Name: SPIVACK, EDMUND S.
Address: 4733 BETHSEDA AVE STE 640
City-St-Zip: BETHESDA, MD 20814

Title: T () Delete
Name: SPIVACK, EDMUND S.
Address: 4733 BETHSEDA AVE STE 640
City-St-Zip: BETHESDA, MD 20814

Title: S () Delete
Name: SPIVACK, EDMUND S.
Address: 4733 BETHSEDA AVE STE 640
City-St-Zip: BETHESDA, MD 20814

Title: AS () Delete
Name: MOUSSAVI, MONICA
Address: 31 #8 GOLDEN ASH WAY
City-St-Zip: GAITHERSBURG, MD 20878

Title: SVP () Delete
Name: KIRKHAM, WALTER
Address: 1550 E. MAPLEWOOD CT
City-St-Zip: LITTLETON, CO 80121

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: AS (X) Change () Addition
Name: HUNTER, NANCY
Address: 4733 BETHESDA AVE
City-St-Zip: BETHESDA, MD 20814

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: NANCY HUNTER

AS

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date