

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005596

Entity Name: ESA P PORTFOLIO OPERATING LESSEE INC.**Current Principal Place of Business:**11525 N COMMUNITY HOUSE ROAD
SUITE 100
CHARLOTTE, NC 28277**Current Mailing Address:**PO BOX 49550
CHARLOTTE, NC 28277-9550 US**FEI Number:** 20-1627433**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title	PRESIDENT
Name	DONALD, JAMES L
Address	11525 N COMMUNITY HOUSE ROAD
City-State-Zip:	CHARLOTTE NC 28277

Title	SECRETARY
Name	MCCANLESS, ROSS W
Address	11525 N COMMUNITY HOUSE ROAD
City-State-Zip:	CHARLOTTE NC 28277

Title	TREASURER
Name	CRAGE, PETER J
Address	11525 N COMMUNITY HOUSE ROAD
City-State-Zip:	CHARLOTTE NC 28277

Title	DIRECTOR
Name	ESH MEZZANINE A LLC
Address	11525 N COMMUNITY HOUSE ROAD SUITE 100
City-State-Zip:	CHARLOTTE NC 28277

Title	DIRECTOR
Name	FORD, RICHARD B
Address	11525 N COMMUNITY HOUSE ROAD SUITE 100
City-State-Zip:	CHARLOTTE NC 28277

Title	DIRECTOR
Name	DIAMOND, WILLIAM C
Address	11525 N COMMUNITY HOUSE ROAD SUITE 100
City-State-Zip:	CHARLOTTE NC 28277

I hereby 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 all other like empowered.

SIGNATURE: ROSS W MCCANLESS**SECRETARY****05/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date