

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000003834

**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC5136327246**

**Entity Name:** MSR HOSPITALITY GP CORP.

**Current Principal Place of Business:**

ONE POST OFFICE SQUARE  
SUITE 3100  
BOSTON, MA 02110

**Current Mailing Address:**

ONE POST OFFICE SQUARE  
SUITE 3100  
BOSTON, MA 02110 US

**FEI Number:** 59-3516676

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COOLEY, DANIEL  
121 SOUTH ORANGE AVE  
STE 1500  
ORLANDO, FL 32801 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, DIRECTOR  
Name            BARR, MICHAEL  
Address        ONE POST OFFICE SQUARE  
                 SUITE 3100  
City-State-Zip: BOSTON MA 02110

Title            VP  
Name            DEVINE, CHRISTOPHER  
Address        ONE POST OFFICE SQUARE  
                 SUITE 3100  
City-State-Zip: BOSTON MA 02110

Title            VP  
Name            DINA, JAMES R.  
Address        ONE POST OFFICE SQUARE  
                 SUITE 3100  
City-State-Zip: BOSTON MA 02110

Title            VP  
Name            FIELDS, WARREN Q.  
Address        ONE POST OFFICE SQUARE  
                 SUITE 3100  
City-State-Zip: BOSTON MA 02110

Title            SECRETARY, TREASURER,  
                 DIRECTOR  
Name            KAMENSKY, DANIEL  
Address        ONE POST OFFICE SQUARE  
                 SUITE 3100  
City-State-Zip: BOSTON MA 02110

Title            DIRECTOR  
Name            MEGHJI, MO  
Address        ONE POST OFFICE SQUARE  
                 SUITE 3100  
City-State-Zip: BOSTON MA 02110

Title            DIRECTOR, VP  
Name            SHUMAKER, JONATHAN  
Address        ONE POST OFFICE SQUARE  
                 SUITE 3100  
City-State-Zip: BOSTON MA 02110

*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:** CHRISTOPHER DEVINE

**VICE PRESIDENT**

**04/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date