

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08295

**Entity Name:** HOST RESTAURANTS, INC.

**Current Principal Place of Business:**

7750 WISCONSIN AVENUE  
BETHESDA, MD 20814

**Current Mailing Address:**

7750 WISCONSIN AVENUE  
BETHESDA, MD 20814 US

**FEI Number:** 95-3365180

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
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, DIRECTOR  
Name            BROWN, WILLIAM P.  
Address        7220 ARMAT DRIVE  
City-State-Zip: BETHESDA MD 20817

Title            SECRETARY, VP  
Name            WRIGHT, ANDREW P.C.  
Address        7750 WISCONSIN AVENUE  
City-State-Zip: BETHESDA MD 20814

Title            DIRECTOR, VP  
Name            OBERG, KATHLEEN K.  
Address        5707 DURBIN ROAD  
City-State-Zip: BETHESDA MD 20817

Title            DIRECTOR, VP  
Name            REISS, RENA HOZORE  
Address        5302 DANBURY ROAD  
City-State-Zip: BETHESDA MD 20814

Title            TREASURER  
Name            MASON, JENNIFER C  
Address        7750 WISCONSIN AVENUE  
City-State-Zip: BETHESDA MD 20814

Title            VP  
Name            CULLEN, MICHAEL E  
Address        6439 COBBLE CREEK  
City-State-Zip: KNOXVILLE TN 37919

Title            VP  
Name            GRISIUS, TIMOTHY J  
Address        4460 GREENWICH PKWY  
City-State-Zip: NW WASHINGTON DC 20007

Title            VP  
Name            INGALLS, DOROTHY M  
Address        11821 HUNTING RIDGE COURT  
City-State-Zip: POTOMAC MD 20854

**Continues on page 2**

*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: ANDREW P.C. WRIGHT**

**SECRETARY**

**02/27/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name HORACE, JORDAN E JR.  
Address 10208 COLVIN RUN  
City-State-Zip: GREAT FALLS VA 22066