

1.) CORPORATION NAME:

CRYSTAL CITY HOSPITALITY CORP.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **03336195**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7501 WISCONSIN AVENUE
SUITE 1500E

CITY/ST/ZIP: Bethesda, MD 20814

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOEL FRIEDMAN	
TITLE:	VP/T	
ADDRESS:	7501 WISCONSIN AVENUE SUITE 1500	
CITY/ST/ZIP/CO:	BETHESDA, MD 20814-6522	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MERLE F SUSTERSICH	
TITLE:	SECRETARY	
ADDRESS:	7501 WISCONSIN AVENUE SUITE 1800	
CITY/ST/ZIP/CO:	BETHESDA, MD 20814-6522	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JESSICA L PARKER	
TITLE:	DIRECTOR	
ADDRESS:	7501 WISCONSIN AVENUE SUITE 1500	
CITY/ST/ZIP/CO:	BETHESDA, MD 20814-6522	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Mark G. Carrier	
TITLE:	PRESIDENT	
ADDRESS:	7501 Wisconsin Avenue Suite 1500 E	
CITY/ST/ZIP/CO:	Bethesda, MD 20814	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Ricardo Beausoleil	
TITLE:	DIRECTOR	
ADDRESS:	7501 Wisconsin Avenue Suite 1500 E	
CITY/ST/ZIP/CO:	Bethesda, MD 20814	

NAME: John A Spain TITLE: VICE PRESIDENT ADDRESS: 7501 Wisconsin Avenue Suite 1500 E CITY/ST/ZIP/CO: Bethesda, MD 20814	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Barbara I. Reifsnider TITLE: Asst VP ADDRESS: 7501 Wisconsin Avenue Suite 1500 E CITY/ST/ZIP/CO: Bethesda, MD 20814	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Deborah D. Gault TITLE: Asst T, Asst S ADDRESS: 7501 Wisconsin Avenue Suite 1500 E CITY/ST/ZIP/CO: Bethesda, MD 20814	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
<u>/s/ MERLE F SUSTERSICH</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>MERLE F SUSTERSICH, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>12/3/2013</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		