

1.) CORPORATION NAME:

CRYSTAL CITY HOSPITALITY CORP.

DUE DATE: **1/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **03336195**

RICHMOND, VA

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 5,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

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.

| | | | |
|-----------------|-----------------------|---|--|
| NAME: | MARK G. CARRIER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 7501 WISCONSIN AVENUE | | |
| | SUITE 1500 E | | |
| CITY/ST/ZIP/CO: | BETHESDA, MD 20814 | | |

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

| | | | |
|-----------------|-----------------------|---|-----------------------------------|
| NAME: | BARBARA I. REIFSNIDER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST VP | | |
| ADDRESS: | 7501 WISCONSIN AVENUE | | |
| | SUITE 1500 E | | |
| CITY/ST/ZIP/CO: | BETHESDA, MD 20814 | | |

| | | | |
|-----------------|-----------------------|---|-----------------------------------|
| NAME: | JOHN A SPAIN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 7501 WISCONSIN AVENUE | | |
| | SUITE 1500 E | | |
| CITY/ST/ZIP/CO: | BETHESDA, MD 20814 | | |

| | | | |
|-----------------|-----------------------|---|-----------------------------------|
| NAME: | DEBORAH D. GAULT | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST T, ASST S | | |
| ADDRESS: | 7501 WISCONSIN AVENUE | | |
| | SUITE 1500 E | | |
| CITY/ST/ZIP/CO: | BETHESDA, MD 20814 | | |

| | | |
|--|---|--------------------|
| NAME: MERLE F SUSTERSICH TITLE: SECRETARY ADDRESS: 7501 WISCONSIN AVENUE SUITE 1800 CITY/ST/ZIP/CO: BETHESDA, MD 20814-6522 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: RICARDO BEAUSOLEIL TITLE: DIRECTOR ADDRESS: 7501 WISCONSIN AVENUE SUITE 1500 E CITY/ST/ZIP/CO: BETHESDA, MD 20814 | <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 type="checkbox"/> OFFICER <input checked="" 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. | | |
| /s/ MERLE F SUSTERSICH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | MERLE F SUSTERSICH, SECRETARY PRINTED NAME AND CORPORATE TITLE | 12/11/2014 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. | | |