

1.) CORPORATION NAME:

HERNDON HOTEL CORPORATION

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **04733267**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

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 20814-6522

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 checked="" type="checkbox"/> DIRECTOR
NAME:	MARK CARRIER	
TITLE:	PRESIDENT	
ADDRESS:	7501 WISCONSIN AVE STE 1500E BETHESDA, MD 20814-6522	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MERLE F SUSTERSICH	
TITLE:	SECRETARY	
ADDRESS:	7501 WISCONSIN AVENUE STE 1500E BETHESDA, MD 20814-6522	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Joel A. Friedman	
TITLE:	VP & Treasurer	
ADDRESS:	7501 Wisconsin Avenue 1500 E Bethesda, MD 20814	
CITY/ST/ZIP/CO:		

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

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Barbara I. Reifsnider	
TITLE:	Asst VP	
ADDRESS:	7501 Wisconsin Avenue Suite 1500 E Bethesda, MD 20814	
CITY/ST/ZIP/CO:		

NAME:	Deborah D. Gault	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst Trea & Sec		
ADDRESS:	7501 Wisconsin Avenue		
CITY/ST/ZIP/CO:	Suite 1500 E Bethesda, MD 20814		

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

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>	<u>MERLE F SUSTERSICH,</u>	<u>9/4/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	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.