

1.) CORPORATION NAME:

**HERNDON HOTEL CORPORATION**

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
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 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:	BARBARA I. REIFSNIDER	
TITLE:	ASST VP	
ADDRESS:	7501 WISCONSIN AVENUE SUITE 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:	DEBORAH D. GAULT	
TITLE:	ASST TREA & SEC	
ADDRESS:	7501 WISCONSIN AVENUE SUITE 1500 E BETHESDA, MD 20814	
CITY/ST/ZIP/CO:		

NAME: MERLE F SUSTERSICH TITLE: SECRETARY ADDRESS: 7501 WISCONSIN AVENUE STE 1500E CITY/ST/ZIP/CO: BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JESSICA L. PARKER 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
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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	9/2/2014 DATE
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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.