

1.) CORPORATION NAME:

**HERNDON HOTEL CORPORATION**

DUE DATE: **10/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **04733267**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

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 1500 E

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.

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

NAME:	JOEL A. FRIEDMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP & TREASURER		
ADDRESS:	7501 WISCONSIN AVENUE 1500 E		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		

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 TREA & SEC		
ADDRESS:	7501 WISCONSIN AVENUE SUITE 1500 E		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		

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

NAME:	JESSICA L. PARKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7501 WISCONSIN AVENUE		
	SUITE 1500 E		
CITY/ST/ZIP/CO:	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.

/s/ MARK CARRIER	MARK CARRIER, PRESIDENT	8/18/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.