

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213555699

1.) CORPORATION NAME:

STERLING HOTEL CORP.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **04854725**

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.

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

NAME:	JOEL FRIEDMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREAS/VP		
ADDRESS:	7501 WISCONSIN AVENUE SUITE 1500		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814-6622		

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

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

NAME:	Francis E. Dimond	<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		

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 Vice Pres ADDRESS: 7501 Wisconsin Avenue Bethesda CITY/ST/ZIP/CO: Bethesda, MD 20814	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Deborah D. Gault TITLE: Ass Trea/AssVP 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.		
/s/ MERLE F SUSTERSICH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MERLE F SUSTERSICH, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/19/2013 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.		