

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	213518898
1.) CORPORATION NAME: <b>HARVEST HOSPITALITIES, INC.</b>		DUE DATE: <b>4/30/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>SATTAR SHAIK 46163 W RIDGE DR POTOMAC FALLS, VA</b>		SCC ID NO: <b>07226038</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>LOUDOUN COUNTY</b>		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>		
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 46163 WESTRIDGE DR  CITY/ST/ZIP: POTOMAC FALLS, VA 20165		
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: SATTAR SHAIK		<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
TITLE: PRESIDENT		
ADDRESS: 46163 WESTRIDGE DR		
CITY/ST/ZIP/CO: POTOMAC FALLS, VA 20165		
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/ SATTAR SHAIK	SATTAR SHAIK, PRESIDENT	4/22/2013
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.		