

1.) CORPORATION NAME:

**CHARLOTTE HOSPITALITY EMPLOYER, INC.**

DUE DATE: **7/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

SCC ID NO: **F1046723**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 701 CARLSON PARKWAY

CITY/ST/ZIP: MINNETONKA, MN 55305-

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:	THORSTEN KIRSCHKE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB/P/CEO/COO		
ADDRESS:	701 CARLSON PARKWAY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-		
NAME:	GENEVIEVE BECK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP-LEGAL, SEC		
ADDRESS:	701 CARLSON PARKWAY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-		
NAME:	BRADLEY M HALL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS		
ADDRESS:	701 CARLSON PARKWAY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-		
NAME:	JAMES H PETERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	701 CARLSON PARKWAY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-		
NAME:	SUZANNE H RIESTERER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	701 CARLSON PKWY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-		

NAME: ROBERT KLEINSCHMIDT TITLE: EVP ADDRESS: 701 CARLSON PARKWAY CITY/ST/ZIP/CO: MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BEATHE-JEANETTE LUNDE TITLE: EVP ADDRESS: 701 CARLSON PARKWAY CITY/ST/ZIP/CO: MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: STEVEN A. BROWN TITLE: VICE PRESIDENT ADDRESS: 701 CARLSON PARKWAY CITY/ST/ZIP/CO: MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: WILLIAM A. VAN BRUNT TITLE: ASST SECRETARY ADDRESS: 701 CARLSON PARKWAY CITY/ST/ZIP/CO: MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: SUSIE BYERS TITLE: ASST SECRETARY ADDRESS: 701 CARLSON PARKWAY CITY/ST/ZIP/CO: MINNETONKA, MN 55305-	<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/ JAMES H PETERSON _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES H PETERSON, VICE _____ PRESIDENT PRINTED NAME AND CORPORATE TITLE
7/25/2011 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.	