

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.222.30

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is

subject to a penalty fee of \$25.			<u> </u>			
1. Corporate ID No. 116564		2. Name of Corporation LaSalle Hotel Lessee, Inc.				
3. Street Address Principal Business Office 3 Bethesda Metro Center, Suite 1200		City Bethesda	Siale MD	<sup>Ζφ</sup> 20814		
4. Business Phone No. 5. State of Incorporation 301.941.1500 Illinois						
6. Brief Description of the Ch Act as lessee for vario		ied in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Michael Barnello			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Robert K. Hagan			
Street Address 3 Bethesda Metro Center, Suite 1200			Street Address 200 E. Randolph			
City Bethesda	State MD	<sup>Хір</sup> 20814	City Chicago	State  L	<sup>Zip</sup> 60601	
Secretary Name Hans Weger			Treasurer Name Hans Weger			
Street Address 3 Bethesda Metro Center, Suite 1200			Street Address 3 Bethesda Metro Center, Suite 1200			
City Bethesda	State MD	<sup>Zip</sup> 20814	city Bethesda	State MD	<sup>ℤ</sup> 20814	
Director Name Michael Barnello	ESSES OF THE DIRE	CTORS: ("X" BOX FOR ATT	Director Name Hans Weger	N SPACES BEFORE USIN	NG ATTACHMENTS	
Street Address 3 Bethesda Metro Center, Suite 1200			Street Address 3 Bethesda Metro Center, Suite 1200			
City Bethesda	State MD	Ζφ 20814	сііу Bethesda	State MD	<i>Ζίρ</i> 20814	
Director Name lan Gaum			Director Name.			
Street Address 3 Bethesda Metro Center, Suite 1200			Street Address			
City Bethesda	State MD	Ζφ 20814	City	State	Zip	
9. SHARES AUTHORIS	ZED			O ("X" BOX FOR ATTAC ECTION MUST BE COMPLETED	- had	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			100	Comm	0.01	
•		he corporation by an authorize e corporation by the receiver	•	corporation is in the hand	ds of a receiver or tru	

FILED
File Date FEB 2 0 2009
Check No.
FOR SECRETARY OF STATE USE ONLY

1 1 1 1 1		at I have examined this report, ements, and that all statements
contained herein are true	and correct.	1 1
_ / k / X	201/	1/13/09_
Signature		Dale
Robert K. Hagar	า	
Print or Type Name	· · · · · · · · · · · · · · · · · · ·	
Vice Pres/Asst	Secretary	
Titla		

Form 630 Rev. 08/08