

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 201/ Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OF PRINTER • FO

1. Corporate ID No. 116564	2. Name of Con LaSalle Ho	2. Name of Corporation LaSalle Hotel Lessee, Inc.				
3. Street Address Principal Bi 3 Bethesda Metro (eet Address Principal Business Office Bethesda Metro Center, Suite 1200		City Bethesda	State MD	<i>гір</i> 20814	
4. Business Phone No. 5. State of Incorporation 301.941.1500 Illinois						
6. Brief Description of the Ch	aracter of Business Condu	cted in Rhode Island				
7. NAMES AND ADDR	ESSES OF THE OFFI	CERS: ("X" BOX FOR ATTA	<i>CHMRNT</i>) □ FILE IN	V SPACES REFORE HISING	C ATTACHMENTS	
President Name			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS : Vice President Name			
Michael Barnello			Robert K. Hagan			
Street Address 3 Bethesda Metro Center			Street Address 200 E. Randolph			
City Bethesda	State MD	^{Ζip} 20814	City Chicago	State IL	^{Zip} 60601	
Secretary Name Hans Weger			Treusurer Name Hans Weger			
Street Address 3 Bethesda Metro Center			Street Address 3 Bethesda Metro Center			
City Bethesda	State MD	Ζφ 20814	^{City} Bethesda	State MD	^{Zip} 20814	
Director Name Michael Barnello	ESSES OF THE DIRE	CTORS: ("X" BOX FOR ATT	ACHMENT) TILL Director Name Hans Weger	IN SPACES BEFORE USI	NG ATTACHMENTS	
Street Address 3 Bethesda Metro Center			Street Address 3 Bethesda Metro Center			
City	State	Zip	City	State	Ζίρ	
Bethesda	MD	20814	Bethesda	MD	20814	
Director Name lan Gaum		***************************************	Director Name			
Street Address 3 Bethesda Metro Center			Street Address			
City Bethesda	State MD	<i>Zφ</i> 20814	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is an	,	o Office of the Constant of	Number of Shares	Class/Series	Par Value	
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.			100	Comm	\$0.01	
						
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File Date	7 There Buy, Cal
Check No.	JAN 3 1 2011
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FOR SE	CRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct
Signature Date
Robert K. Hagan
Print or Type Name
Vice President and Assistant Secretary
Title