

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 820699

1. Corporation Name

HILTON HOTELS CORPORATION

Principal Place of Business

9336 CIVIC CENTER DRIVE  
P.O. BOX 5567  
BEVERLY HILLS CA 90209-5567

Mailing Address

9336 CIVIC CENTER DRIVE  
P.O. BOX 5567  
BEVERLY HILLS CA 90209-5567



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1967

4. FEI Number

36-2058176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE

NAME BARRON, HILTON  
STREET ADDRESS 9336 CIVIC CENTER DR  
CITY-ST-ZIP BEVERLY HILLS CA

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE EVP ☐ DELETE

NAME HART, MATT  
STREET ADDRESS 9336 CIVIC CENTER DR.  
CITY-ST-ZIP BEVERLY HILLS CA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SVP ☐ DELETE

NAME LA FORGIA, BOB  
STREET ADDRESS 9336 CIVIC CENTER DR.  
CITY-ST-ZIP BEVERLY HILLS CA

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE EVP ☐ DELETE

NAME HUCKESTEIN, DIETER H.  
STREET ADDRESS 9336 CIVIC CENTER DR.  
CITY-ST-ZIP BEVERLY HILLS CA

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VPT ☐ DELETE

NAME ISLEY, CONNIE M  
STREET ADDRESS 9336 CIVIC CENTER DR.  
CITY-ST-ZIP BEVERLY HILLS CA

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE P ☐ DELETE

NAME BOLENBACH, STEPHEN  
STREET ADDRESS 9336 CIVIC CENTER DR  
CITY-ST-ZIP BEVERLY HILLS CA

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Connie Isley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90050 038 \*\*\*150.00