


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90544 024 ***150.00

DOCUMENT # 820699 1. Entity Name HILTON HOTELS CORPORATION	
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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
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DO NOT WRITE IN THIS SPACE



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-2058176	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT HART, MATT 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HUCKESTEIN, DIETER H 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS KLEINER, MADELEINE 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOLENBACH, STEPHEN 9336 CIVIC CENTER DR BEVERLY HILLS, CA 90209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAGC ROBERTSON, MARK A 9336 CIVIC CENTER DRIVE BEVERLY HILLS, CA 902095567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSC ANDERSON, K 9336 CIVIC CENTER DRIVE BEVERLY HILLS, CA 902095567

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *K. Allen Anderson* **K. ALLEN ANDERSON** **4-21-04** **310-278-4321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #