FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **835370** **(8)**

1. Corporation Name
ITT SHERATON CORPORATION

Principal Place of Business	Mailing Address
TAX DEPT 60 STATE ST BOSTON MA 02109	TAX DEPT 60 STATE ST BOSTON MA 02109

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/12/1975**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **04-2546817** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / County — 25 / Zip — 29 / County — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VAS	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, PETER O	1.2 NAME	
STREET ADDRESS	60 STATE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MA 00000	1.4 CITY-ST-ZIP	
TITLE	SV	2.1 TITLE	senior vice president, Director ☐ Change ☒ Addition
NAME	LATHAM, JAMES D	2.2 NAME	James D. Latham
STREET ADDRESS	60 STATE ST	2.3 STREET ADDRESS	60 State St.
CITY-ST-ZIP	BOSTON, MA 0	2.4 CITY-ST-ZIP	Boston, MA. 02109
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	CRYAN, MICHAEL D.	3.2 NAME	
STREET ADDRESS	60 STATE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP	
TITLE	TV	4.1 TITLE	☐ Change ☐ Addition
NAME	FURLONG, BRENDA J.	4.2 NAME	
STREET ADDRESS	60 STATE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	☐ Change ☐ Addition
NAME	KAPIOLTAS, JOHN	5.2 NAME	
STREET ADDRESS	60 STATE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MA 00000	5.4 CITY-ST-ZIP	
TITLE	DP	6.1 TITLE	☐ Change ☐ Addition
NAME	WEADOCK, DANIEL P.	6.2 NAME	
STREET ADDRESS	60 STATE STR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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.

SIGNATURE: X Peter O. Johnson Peter Johnson ASST. SECRETARY 5/19/95 (617)367-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0983368 FP