

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004655

FILED
Mar 10, 2011
Secretary of State

Entity Name: DDC HOTELS, INC.

Current Principal Place of Business:

721 EMERSON ROAD
SUITE 200
ST. LOUIS, MO 63141

New Principal Place of Business:

Current Mailing Address:

721 EMERSON ROAD
SUITE 200
ST. LOUIS, MO 63141

New Mailing Address:

FEI Number: 26-3736119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH LTD., INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD
Name: DRURY, CHARLES L
Address: 721 EMERSON ROAD, SUITE 200
City-St-Zip: ST. LOUIS, MO 63141

Title: PTD
Name: DRURY, TIMOTHY M
Address: 721 EMERSON ROAD, SUITE 200
City-St-Zip: ST. LOUIS, MO 63141

Title: VPD
Name: DRURY, CHARLES L JR.
Address: 721 EMERSON ROAD, SUITE 200
City-St-Zip: ST. LOUIS, MO 63141

Title: VP
Name: DRURY, SHIRLEY J
Address: 721 EMERSON ROAD, SUITE 200
City-St-Zip: ST. LOUIS, MO 63141

Title: VPAS
Name: HASSELFELD, LARRY W
Address: 721 EMERSON ROAD, SUITE 200
City-St-Zip: ST. LOUIS, MO 63141

Title: VPS
Name: POLLVOGT, JACQUELINE D
Address: 721 EMERSON ROAD, SUITE 200
City-St-Zip: ST. LOUIS, MO 63141

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JACQUELINE D. POLLVOGT

VPS

03/10/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date