2005 FOR PROFIT CORPORATION ANNUAL REPORT

	AIIIIVAL	IVEI OIVI							
1. Entity Nam-	MENT # F94000002 ACATION MANAGEMENT						5 APR 21		
Principal Place	e of Business	Mailing Address				7.47	V - 1	i	174
200 WEST MA 41ST FLOOR CHICAGO, IL	ADISON ST.	200 WEST MADISON ST. 41ST FLOOR CHICAGO, IL 60606					CATASS		
	lace of Business	3. Mailing Address							
/1 S W Suite, Apt.	lacker Dr.	71 S Wacker Dr.							
	Floor	Suite, Apt. #, etc. 14th Floor			04142005	Chg-P	CR2E03	1 (10/03)	
City & State Chicago		City & State Chicago, IL			4. FEI Numbe 36-395				olied For Applicable
Zip	Country	Zip Country		5. Certificate of Status Desire		of Status Desired		8.75 Addi	
60606	USA 6. Name and Address of Current		60606 USA		Fee Required				
	V. Home and Address of Others	negiatorea Agent	Name	7. Name and Address of New Registered Agent ne					
THE PRENTICE HALL CORPORATION SYSTEMS INC 1201 HAYES ST				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 105	SSEE, FL 32301								
	·		City			· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	·
8. The above	named entity submits this statement for	r the purpose of changing its r	egistered office or	registere	ed agent, or bot	h, in the State of Fic	orida. I am fa	miliar with,	and accept
rue obligati	ions of registered agent.				80	000515	5541	38	
SIGNATURE_	Signature, typed or printed name of registered agent	and trie if applicable [NOTE:	Registered Agent signati	ure required	when reinstating)		OATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11
TITLE	DP	☐ Delete	TITLE	DP	-1 0		l	Change	Addition
NAME STREET ADDRESS	GEOGA, DOUGLAS 200 WEST MADISON ST.		NAME STREET ADDRESS	71	Douglas Geoga 71 S Wacker Dr., 14th Floor				
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP	I	cago, IL				İ
TITLE	DVS	☐ Delete	THTLE	DVS				Change	Addition
NAME	HANDELSMAN, HAROLD S		NAME		Harold S Handelsman 71 S Wacker Dr., 14th Floor				
STREET ADDRESS CITY-ST-ZIP	200 W. MADISON CHICAGO, IL 60606		STREET ADDRESS CITY-ST-ZIP	t .	icago, IL 60606				
TITLE	CD	☐ Delete	TITLE	CD				T Change	Addition
NAME	PRITZKER, NICHOLAS J		NAME			Pritzker		,	
STREET ADDRESS	200 W. MADISON CHICAGO, IL 60606		STREET ADDRESS CITY-ST-ZIP		s wacker cago, IL	Dr., 14th	1 Floor		
TITLE	VT State of the st	Delete	TITLE	VT	cago, In			XI Change	☐ Addition .
NAME	ROSE, KIRK		NAME	Kirl	k Rose		,	45	
STREET ADDRESS CITY-ST-ZIP	200 WEST MADISON ST. CHICAGO, IL 60606		STREET ADDRESS CITY-ST-ZIP	71 S	S Wacker cago, IL	Dr., 14th	ı Floor		
THTLE	V	☐ Delete	TITLE	V				Change	Addition
NAME	MAKI, CHRISTINE 200 WEST MADISON ST.		NAME	1	istine M				
STREET ADDRESS CITY-ST-ZIP	CHICAGO, IL 60606		STREET ADDRESS CITY-ST-ZIP		s wacker cago, IL	Dr., 14th	1 FEOOT		
TITLE	V	☐ Delete	TITLE	V	cago, III	00000		Change	Addition
NAME	BURLINGTON, JOHN		NAME	Johi	n Burlin	game			
STREET ADDRESS CITY-ST-ZIP	200 W. MADISON CHICAGO, IL 60606		STREET ADDRESS CITY-ST-ZIP			Dr., 14th	n Floor		
12. I hereby	certify that the information supplied with	n this filing does not qualify for	the exemption sta	ited in Se	cago, IL ction 119.07(3)	i), Florida Statutes.	I further certif	y that the in	formation
12. I hereby certify that the information supplied with this filling 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: Tracy Laine 4/20/05									
SIGNATURE: 9/30/09 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #									

Exhibit A Hyatt Vacation Management Corporation

Tracy Gainer
Vice President
71 So. Wacker Drive
14th Floor
Chicago, Illinois 60606





Please give original 0721000000 submission date as file date

ACCOUNT NO. :

REFERENCE : 326679 4322610

AUTHORIZATION COST LIMIT AND \$ 15	Ments
COST LIMIT \$ 15	0//00

ORDER DATE: April 20, 2005

ORDER TIME : 11:20 AM

ORDER NO. : 326679-035

CUSTOMER NO: 4322610

CUSTOMER: Laura Geis

Hyatt Hotels Corporation

14th Floor

71 S. Wacker Drive Chicago, IL 60606

ANNUAL REPORT FILING

NAME:

HYATT VACATION MANAGEMENT

CORPORATION

IA XX	NNUAL REPO	RT					
PLEASE F	RETURN THE	FOLLOWING	AS E	PROOF	OF.	FILING:	
XX	CERTIFIED PLAIN STA CERTIFICA		STAN	NDING			
CONTACT	DED COM.	Darlene Wa	rd -	Evt	293	E.	

EXAMINER'S INITIALS: