

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004588

FILED
Apr 22, 2008
Secretary of State

Entity Name: INTERCONTINENTAL HOTELS GROUP RESOURCES, INC.

Current Principal Place of Business:

THREE RAVINIA DR., STE 100
ATLANTA, GA 30346

New Principal Place of Business:

Current Mailing Address:

THREE RAVINIA DR., STE 100
C/O TAX DEPT
ATLANTA, GA 30346

New Mailing Address:

THREE RAVINIA DR., STE 100
C/O LAW DEPT
ATLANTA, GA 30346

FEI Number: 58-2398188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: CHITTY, ROBERT J
Address: THREE RAVINIA DR., STE 100
City-St-Zip: ATLANTA, GA

Title: DP () Delete
Name: PORTER, STEVAN
Address: THREE RAVINIA DR
City-St-Zip: ATLANTA, GA 30346

Title: DVPS () Delete
Name: HOM, DAVID
Address: THREE RAVINIA DR
City-St-Zip: ATLANTA, GA 30346

Title: COO () Delete
Name: MURRAY, THOMAS
Address: THREE RAVINIA DR., STE 100
City-St-Zip: ATLANTA, GA

Title: VP () Delete
Name: ANHUNT, JAMES F
Address: THREE RAVINIA DR., STE 100
City-St-Zip: ATLANTA, GA

Title: POA () Delete
Name: MEYER-ROBERTS, BARBARA J
Address: 747 THIRD AVE 26TH FLOOR
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MURRAY, THOMAS
Address: THREE RAVINIA DR., STE 100
City-St-Zip: ATLANTA, GA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA MEYER-ROBERTS

POA

04/22/2008

Electronic Signature of Signing Officer or Director

_____ Date