



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90043 043 \*\*\*150.00

<b>DOCUMENT # P04000043508</b>					
1. Entity Name CLARION HOTEL MANAGEMENT CORPORATION					
Principal Place of Business 1001 EAST ATLANTIC AVENUE SUITE 202 DELRAY BEACH, FL 33483 US			Mailing Address 1000 MARKET STREET SUITE 300 PORTSMOUTH, NH 03801 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>APPLIED FOR</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRITCHFIELD, RICHARD H 1001 EAST ATLANTIC AVENUE SUITE 201 DELRAY BEACH, FL 33483			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALSH, MARK T	NAME			
STREET ADDRESS	1001 EAST ATLANTIC AVENUE, SUITE 202	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP			
TITLE	VP/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALSH, MICHAEL P	NAME			
STREET ADDRESS	1001 EAST ATLANTIC AVENUE, SUITE 202	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERGER, ANDREW	NAME			
STREET ADDRESS	1001 EAST ATLANTIC AVENUE, SUITE 202	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP			
TITLE	EVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADE, RICHARD C	NAME			
STREET ADDRESS	1001 EAST ATLANTIC AVENUE, SUITE 202	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP			
TITLE	VP/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALSH, WILLIAM J	NAME			
STREET ADDRESS	1001 EAST ATLANTIC AVENUE, SUITE 202	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP			
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRITCHFIELD, RICHARD H	NAME			
STREET ADDRESS	1001 EAST ATLANTIC AVENUE, SUITE 201	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Richard H. Critchfield, EOP		Date: 1/24/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # (603) 559-2100	

**ATTACHMENT**  
66016882  
# P04000043508

Form **SS-4**

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

OMB No. 1545-0003

(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

▶ See separate instructions for each line. ▶ Keep a copy for your records.

**1** Legal name of entity (or individual) for whom the EIN is being requested  
Clancy Hotel Management Corp

**2** Trade name of business (if different from name on line 1)

**3** Executor, trustee, "care of" name

**4a** Mailing address (room, apt., suite no. and street, or P.O. box)  
1000 Market Street

**5a** Street address (if different) (Do not enter a P.O. box.)

**4b** City, state, and ZIP code  
Portsmouth, NH 03801

**5b** City, state, and ZIP code

**6** County and state where principal business is located  
Palm Beach County Florida (State)

**7a** Name of principal officer, general partner, grantor, owner, or trustee  
Richard C. Ade, Exec. U. Pres

**7b** SSN, ITIN, or EIN  
135-44-8086

**8a** Type of entity (check only one box)

Sole proprietor (SSN) \_\_\_\_\_

Partnership

Corporation (enter form number to be filed) ▶ 1120

Personal service corp.

Church or church-controlled organization

Other nonprofit organization (specify) ▶ \_\_\_\_\_

Other (specify) ▶ \_\_\_\_\_

Estate (SSN of decedent) \_\_\_\_\_

Plan administrator (SSN) \_\_\_\_\_

Trust (SSN of grantor) \_\_\_\_\_

National Guard  State/local government

Farmers' cooperative  Federal government/military

REMIC  Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ \_\_\_\_\_

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

State Florida Foreign country \_\_\_\_\_

**9** Reason for applying (check only one box)

Started new business (specify type) ▶ any & all lawful business

Hired employees (Check the box and see line 12.)

Compliance with IRS withholding regulations

Other (specify) ▶ \_\_\_\_\_

Banking purpose (specify purpose) ▶ \_\_\_\_\_

Changed type of organization (specify new type) ▶ \_\_\_\_\_

Purchased going business

Created a trust (specify type) ▶ \_\_\_\_\_

Created a pension plan (specify type) ▶ \_\_\_\_\_

**10** Date business started or acquired (month, day, year)  
3/8/04

**11** Closing month of accounting year  
December

**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶ N/A

**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". . . . . ▶

Agricultural 6 Household 0 Other 0

**14** Check one box that best describes the principal activity of your business.

Construction  Rental & leasing  Transportation & warehousing  Accommodation & food service  Wholesale-agent/broker

Real estate  Manufacturing  Finance & insurance  Other (specify) \_\_\_\_\_

Health care & social assistance  Wholesale-other  Retail

**15** Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  
N/A

**16a** Has the applicant ever applied for an employer identification number for this or any other business? . . . . .  Yes  No  
Note: If "Yes," please complete lines 16b and 16c.

**16b** If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  
Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

**16c** Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) \_\_\_\_\_ City and state where filed \_\_\_\_\_ Previous EIN \_\_\_\_\_

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

**Third Party Designee**

Designee's name \_\_\_\_\_ Designee's telephone number (include area code) \_\_\_\_\_

Address and ZIP code \_\_\_\_\_ Designee's fax number (include area code) \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Richard C. Ade, Exec. Vice Pres. Applicant's telephone number (include area code) (603) 559-2100

Signature ▶ [Signature] Date ▶ 2/13/06 Applicant's fax number (include area code) (603) 559-2182