

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91321 032 ***150.00

0230938 AV

DOCUMENT # P35443



1. Entity Name
HILTON INTERNATIONAL CO.

Principal Place of Business
**901 PONCE DE LEON BLVD STE 700
CORAL GABLES FL 33134
US**

Mailing Address
**901 PONCE DE LEON BLVD STE 700
CORAL GABLES FL 33134
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-1582113**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156-0000**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|-------------------------------------------------|
| TITLE | CEO <input type="checkbox"/> Delete |
| NAME | MICHEL, DAVID |
| STREET ADDRESS | MAPLE CT. CENTRAL PARK, REEDS CRESCENT |
| CITY-ST-ZIP | WATFORD HE |
| TITLE | SVP <input type="checkbox"/> Delete |
| NAME | WALLACE, BRIAN |
| STREET ADDRESS | MAPLE CT. CENTRAL PARK, REEDS CRESCENT |
| CITY-ST-ZIP | WATFORD HE |
| TITLE | P <input type="checkbox"/> Delete |
| NAME | KLEIN, KOOS |
| STREET ADDRESS | TOKYO HILTON, 6-2 NISHI-SHINJUKU 6 CHOME |
| CITY-ST-ZIP | SHINJUKU-KU TO JAPAN |
| TITLE | AT <input type="checkbox"/> Delete |
| NAME | LIERMAN, PAUL |
| STREET ADDRESS | 901 PONCE DE LEON BLVD, STE 700 |
| CITY-ST-ZIP | CORAL GABLES FL |
| TITLE | P <input type="checkbox"/> Delete |
| NAME | FRIEDMAN, HOWARD |
| STREET ADDRESS | 901 PONCE DE LEON BLVD STE 700 |
| CITY-ST-ZIP | CORAL GABLES FL 33134 |
| TITLE | SVP <input type="checkbox"/> Delete |
| NAME | HARRIS, ANTHONY |
| STREET ADDRESS | MAPLE CT, CENTRAL PARK, REELS CRESCENT |
| CITY-ST-ZIP | WATFORD, HERTS WD11HZ |

| | |
|----------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing 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: Paul Lierman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 23 2003

305-444-6811

Date Daytime Phone #

CR2E034 (10/02)