FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

C/O HILTON HOTELS CORPORATION

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000004687

Principal Place of Business C/O HILTON HOTELS CORPORATION

HILTON RESORTS CORPORATION

MARSH, CHERYL L

STREET ADDRESS

CITY-ST-ZIP 3

9336 CIVIC CENTER DRIVE

BEVERLY HILLS CA 90210

9336 CIVIC CENTER DRIVE BEVERLY HILLS CA 90210		9336 CIVIC CENTER DRIVE BEVERLY HILLS CA 90210			DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			· -	
					10/18/1993			1	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Appl	lied For	
26					95-4349751		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.	75 Ac	ditional	
22		27		5. Certificate of Status Desired	Fe	e Req	uired		
City & State	9 ₂	City & State			8. Election Campaign Financing	-\$5	00°N	lay Be	
23		28			Trust Fund Contribution	Ad	ded to	Fees	
Zip	Country	, Zip	Country	,	8. This corporation owes the current year Intangible				
24	25	29 30			r ersonar roporty rux:				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
		0.40	81	Name	9				
THE PRENTICE-HALL CORPORATION SYSTEM INC.			82	Stree	Address (P.O. Box Number is Not Acceptable)				
1201 HAYS STREET				L.,					
SUITE 105 / 124 / 20 / 125 /			83	3					
TALL	AHASSEE FL 32301		84	City		85	Zip Co	ode	
	, 有名:在野山市		1		FL_		•		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOF	RS IN 12	
TITLE	COBP	⊠ DELETE	1.1 TITLE		10	Cha	inge	Addition	
NAME	HILTON, BARRON		1.2 NAME		Stephen Bollenback 8 4336 Civic Center Dr.				
STREET ADDRESS	9336 CIVIC CENTER DRIVE		1.3 STREE	T ADDRES	s 9336 Civic Center Dr.				
CITY-ST-ZIP	BEVERLY HILLS CA 90210		1.4 CITY-S	T-ZIP	Beverly Hills, CA 90210 President				
TITLE	EVD	☐ DELEŢE	2.1 TTTLE		President	Cha	inge	☐ Addition	
NAME	HULKESTEIN, DIETER H.	-	2.2 NAME						
STREET ADORESS	9336 CIVIC CENTER DRIVE		2.3 STREE	T ADDRES	s				
CITY-ST-ZIP	BEVERLY HILLS CA	٠	2. 4 CITY-S	ST-ZIP				•	
TITLE	ST	☐ DELETE	3.1 TITLE		T/V	Cha	inge	Addition	
NAME	LAFORGIA, ROBERT M		3.2 NAME		Kaforgia, Robert MI 8 9336 Civic Center Dr.				
STREET ADORESS	9336 CIVIC CENTER DR		3.3 STREE	T ADDRES	8 9336 Civic Center Dr.				
CITY-ST-ZIP	BEVERLY HILLS CA		3.4. CITY-5	ST-ZIP	Beverly Hills, CA 90210				
TITLE	VD	X DELETE	4.1 TITLE		V '	Cha	inge	Addition	
NAME	BARBER, ROBLEY T.	·	4. 2 NAME		connic Isley 8 9336 Civic Center Dr				
STREET ADDRESS	9336 CIVIC CENTER DRIVE		4.3 STREE	TADORES					
CITY-ST-ZIP	BEVERLY HILLS CA		4.4 CITY-S	T-ZIP	Beverly Hills, CA 90210				
TITLE	Ť	∑ -DELETE	5.1 TITLE		15	☐ Cha	ange	Addition	
NAME	LAPORTA, SCOTT A		5.2 NAME		Caren 3. Dutton 84336 Eivie Center Dr.				
STREET ADDRESS	9336 CIVIC CENTER DRIVE		5.3 STREE	TADDRES	s 9336 Civic Center Dr.				
CITY-ST-ZIP	BEVERLY HILLS CA		5.4 CITY-S	T-ZIP	Beverly Hills, CA 90210				
TITLE	S	₩ DELETE	6.1 TITLE			Cha	ınge	☐ Addition	

14. 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 annual report or supplemental annual 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like impowered. SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90050 045 ***150.00