

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000001417

**FILED**  
**Jan 22, 2013**  
**Secretary of State**  
**CC2318984565**

**Entity Name:** PREFERRED HOTEL GROUP, INC.

**Current Principal Place of Business:**

311 S. WACKER DR., SUITE 1900  
CHICAGO, IL 60606

**Current Mailing Address:**

311 S. WACKER DR., SUITE 1900  
CHICAGO, IL 60606 US

**FEI Number: 36-4411818**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title D  
Name UEBERROTH, JOHN  
Address 311 S. WACKER DR., SUITE 1900  
City-State-Zip: CHICAGO IL 60606

Title D  
Name MERRIMAN, RONALD  
Address 26 CORPORATE PLAZA, SUITE 150  
City-State-Zip: NEWPORT BEACH CA 92660

Title D  
Name UEBERROTH, GAIL  
Address 26 CORPORATE PLAZA, SUITE 150  
City-State-Zip: NEWPORT BEACH CA 92660

Title S  
Name PHELAN, DOROTHY  
Address 311 S. WACKER DR., SUITE 1900  
City-State-Zip: CHICAGO IL 60606

Title CFO  
Name SHOEMAKER, STEPHEN  
Address 311 S. WACKER DR., SUITE 1900  
City-State-Zip: CHICAGO IL 60606

Title P  
Name UEBERROTH, LINDSEY  
Address 311 S. WACKER DR., SUITE 1900  
City-State-Zip: CHICAGO IL 60606

*I hereby 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 all other like empowered.*

**SIGNATURE: STEPHEN SHOEMAKER**

**EVP, FINANCE / OFFICER 01/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date