

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000001417

**Entity Name:** PREFERRED HOTEL GROUP, INC.**Current Principal Place of Business:**23 CORPORATE PLAZA DR, SUITE 190  
NEWPORT BEACH, CA 92660**Current Mailing Address:**23 CORPORATE PLAZA DR  
190  
NEWPORT BEACH, CA 92660 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	DIRECTOR
Name	UEBERROTH, JOHN
Address	311 S. WACKER DR., SUITE 1900
City-State-Zip:	CHICAGO IL 60606

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

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

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

Title	CFO
Name	CHANDIRAMANI, HIREN
Address	23 CORPORATE PLAZA DR, SUITE 190
City-State-Zip:	NEWPORT BEACH CA 92660

Title	CEO
Name	UEBERROTH, LINDSEY
Address	23 CORPORATE PLAZA DR, SUITE 190
City-State-Zip:	NEWPORT BEACH CA 92660

Title	PRESIDENT
Name	WOODLEY, MICHELLE
Address	26 CORPORATE PLAZA DR, SUITE 150
City-State-Zip:	NEWPORT BEACH CA 92660

*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:** HIREN CHANDIRAMANI**CHIEF FINANCIAL  
OFFICER****04/30/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date