

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000004099

**Entity Name:** RYMAN HOSPITALITY PROPERTIES, INC.

**Current Principal Place of Business:**

ONE GAYLORD DRIVE  
NASHVILLE, TN 37214

**Current Mailing Address:**

ONE GAYLORD DRIVE  
NASHVILLE, TN 37214

**FEI Number: 73-0664379**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 SECRETARY  
Name LYNN, SCOTT J  
Address ONE GAYLORD DRIVE  
City-State-Zip: NASHVILLE TN 37214

Title PRESIDENT, DIRECTOR  
Name REED, COLIN V  
Address ONE GAYLORD DRIVE  
City-State-Zip: NASHVILLE TN 37214

Title DIRECTOR  
Name ANGIOLILLO, GLENN J  
Address ONE GAYLORD DRIVE  
City-State-Zip: NASHVILLE TN 37214

Title DIRECTOR  
Name BENDER, MICHAEL J  
Address ONE GAYLORD DRIVE  
City-State-Zip: NASHVILLE TN 37214

Title VP, TREASURER  
Name FIORAVANTI, MARK  
Address ONE GAYLORD DRIVE  
City-State-Zip: NASHVILLE TN 37214

Title DIRECTOR  
Name GAYLORD, EDWARD K  
Address ONE GAYLORD DRIVE  
City-State-Zip: NASHVILLE TN 37214

Title DIRECTOR  
Name HORN, RALPH  
Address ONE GAYLORD DRIVE  
City-State-Zip: NASHVILLE TN 37214

Title DIRECTOR  
Name LEVINE, ELLEN  
Address ONE GAYLORD DRIVE  
City-State-Zip: NASHVILLE TN 37214

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*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: SCOTT J. LYNN**

**SECRETARY**

**04/19/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PRATHER, ROBERT S. JR.  
Address ONE GAYLORD DRIVE  
City-State-Zip: NASHVILLE TN 37214

Title DIRECTOR  
Name ROSE, MICHAEL D  
Address ONE GAYLORD DRIVE  
City-State-Zip: NASHVILLE TN 37214

Title DIRECTOR  
Name ROTH, MICHAEL I  
Address ONE GAYLORD DRIVE  
City-State-Zip: NASHVILLE TN 37214