

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000002828

Entity Name: HILTON EMPLOYER INC.

Current Principal Place of Business:

7930 JONES BRANCH DR.
MCLEAN, VA 22102

Current Mailing Address:

7930 JONES BRANCH DR.
MCLEAN, VA 22102 US

FEI Number: 84-2071583

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 SVP, DIRECTOR
Name STANDEFER, W. STEVEN
Address 7930 JONES BRANCH DR.
City-State-Zip: MCLEAN VA 22102

Title SVP
Name HUGHES, DANIEL
Address 7930 JONES BRANCH DR.
City-State-Zip: MCLEAN VA 22102

Title SVP
Name CLAMPET, KEITH
Address 7930 JONES BRANCH DR.
City-State-Zip: MCLEAN VA 22102

Title DIRECTOR
Name DUFFY, MICHAEL WILLIAM
Address 7930 JONES BRANCH DR.
City-State-Zip: MCLEAN VA 22102

Title VP
Name HOLT, MARGO
Address 7930 JONES BRANCH DR.
City-State-Zip: MCLEAN VA 22102

Title ASST. TREASURER
Name HENSLEY, JUSTIN RAY
Address 7930 JONES BRANCH DR.
City-State-Zip: MCLEAN VA 22102

Title EVP
Name SCHUYLER, MATTHEW W.
Address 7930 JONES BRANCH DR.
City-State-Zip: MCLEAN VA 22102

Title ASST. SECRETARY
Name WILCOX, OWEN
Address 7930 JONES BRANCH DR.
City-State-Zip: MCLEAN VA 22102

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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: W. STEVEN STANDEFER

SVP

04/22/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name SMITH, JAMES O.
Address 7930 JONES BRANCH DR.
City-State-Zip: MCLEAN VA 22102

Title ASST. SECRETARY
Name HOTCHKIN, ABIGAIL
Address 7930 JONES BRANCH DR.
City-State-Zip: MCLEAN VA 22102