2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817932

FILED Apr 22, 2008 Secretary of State

Entity Name: INTER-CONTINENTAL HOTELS CORPORATION

Current Principal Place of Business:				New Principal Place of Business:				
3 RAVINIA DRIVE #100 ATLANTA, GA 30346 US								
Current Mailing Address:				New Mailing Address:				
3 THREE RAVINIA DRIVE #100, C/O TAX DEPT ATLANTA, GA 30346 US				3 THREE RAVINIA DRIVE #100, C/O LAW DEPT ATLANTA, GA 30346 US				
FEI Number:	13-1553240	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:		Name and	Address of I	New Registered Agent:		
CT CORPORATION SYSTEM 1200 S. 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.								
SIGNATUR								
Electronic Signature of Registered Agent						Date		
Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DSVP () KOWALESKI, R THREE RAVINIA ATLANTA, GA	A DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DCOO () MURRAY, THOM THREE RAVINIA ATLANTA, GA	A DR		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	POA () MEYER-ROBER 747 THIRD AVE NEW YORK, N	26TH FL		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	DVPT () CHITTY, ROBEI 3 RAVINIA DR S ATLANTA, GA 3	STE 2900		Title: Name: Address: City-St-Zip:	DVPT (X CHITTY, ROBE 3 RAVINIA DR ATLANTA, GA	STE		
Title: Name: Address: City-St-Zip:	DP () PORTER, STEV 3 RAVINIA DRIV ATLANTA, GA	/E		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DSVP () JACKMAN, ROE 3 RAVINIA DRIV ATLANTA, GA	/E		Title: Name: Address: City-St-Zip:	() Change () Addition		
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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								

SIGNATURE: BARBARA MEYER-ROBERTS

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

04/22/2008 Date

POA