

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 826552 (2)
1. Corporation Name
HILTON INNS, INC.



Principal Place of Business 8336 CIVIC CENTER DRIVE P.O. BOX 5567 BEVERLY HILLS CA 90209	Mailing Address 9336 CIVIC CENTER DRIVE P.O. BOX 5567 BEVERLY HILLS CA 90209-5567
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/28/1971	3a. Date of Last Report 04/23/1996	4. FEI Number 36-6114932	Applied For Not Applicable
		5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No FILES			

9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYES ST SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	HUCKEJEN, DIETER H.	1.2 NAME	
STREET ADDRESS	9336 CIVIC CENTER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS, CA 0	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	ABRAHAMSON, JAMES R.	2.2 NAME	
STREET ADDRESS	9336 CIVIC CENTER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS, CA 0	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	LAPORTA, SCOTT
NAME	CHAMBERS, RICHARD	3.2 NAME	VP-Treasurer
STREET ADDRESS	9336 CIVIC CENTER DRIVE	3.3 STREET ADDRESS	9336 CIVIC CENTER DR
CITY-ST-ZIP	BEVERLY HILLS, CA 0	3.4 CITY-ST-ZIP	BEVERLY HILLS, CA 90210
TITLE	S	4.1 TITLE	
NAME	REES, WILLIAM B.	4.2 NAME	
STREET ADDRESS	9336 CIVIC CENTER DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	
NAME	HILTON, BARRON	5.2 NAME	
STREET ADDRESS	9336 CIVIC CENTER DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS, CA 0 90210	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	EVP
NAME	LEBO, WILLIAM C. JR.	6.2 NAME	HART, MATTHEW J
STREET ADDRESS	9336 CIVIC CENTER DRIVE	6.3 STREET ADDRESS	9336 CIVIC CENTER DR.
CITY-ST-ZIP	BEVERLY HILLS, CA 0	6.4 CITY-ST-ZIP	BEVERLY HILLS, CA 90210

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13. If changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (9/96)