

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90545 003 ***150.00

DOCUMENT # 826552

1. Entity Name
HILTON INNS, INC.



Principal Place of Business
**9336 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**

DO NOT WRITE IN THIS SPACE



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number
36-6114932

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYES ST
SUITE 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	P HUCKEJEN, DIETER H.
STREET ADDRESS	9336 CIVIC CENTER DRIVE
CITY-ST-ZIP	BEVERLY HILLS, CA 90210
TITLE NAME	EVPG KLEINER, MADEGEINE A
STREET ADDRESS	9336 CIVIC CENTER DRIVE
CITY-ST-ZIP	BEVERLY HILLS, CA 90210
TITLE NAME	VPT STANDEFER, W STEVEN
STREET ADDRESS	9336 CIVIC CENTER DRIVE
CITY-ST-ZIP	BEVERLY HILLS, CA 90210
TITLE NAME	S ROBERTSON, MARK A
STREET ADDRESS	9336 CIVIC CENTER DRIVE
CITY-ST-ZIP	BEVERLY HILLS, CA 90210
TITLE NAME	SVPT ALBRECHT, MARIEL C
STREET ADDRESS	9336 CIVIC CENTER DRIVE
CITY-ST-ZIP	BEVERLY HILLS, CA 90210
TITLE NAME	ECFO HART, MATTHEW J
STREET ADDRESS	9336 CIVIC CENTER DR.
CITY-ST-ZIP	BEVERLY HILLS, CA 90210

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IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK A ROBERTSON

Date

4-20-04

Daytime Phone #

310-278-9321