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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **831650** (7)
1. Corporation Name
HYATT CORPORATION

Principal Place of Business Mailing Address
**200 WEST MADISON ST.
41ST FLOOR
CHICAGO IL 60606** **200 WEST MADISON ST.
41ST FLOOR
CHICAGO IL 60606**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/16/1974** 3a. Date of Last Report **04/14/1994**

4. FEI Number **94-1649123** 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

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
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 **FL** 85 Zip Code

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 of applicant (NOTE: Registered Agent signature required when readdressing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORG, FRANK	12 NAME	
STREET ADDRESS	200 WEST MADISON	13 STREET ADDRESS	
CITY ST. ZIP	CHICAGO IL	14 CITY ST. ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITZKER, THOMAS J.	22 NAME	
STREET ADDRESS	200 WEST MADISON	23 STREET ADDRESS	
CITY ST. ZIP	CHICAGO IL	24 CITY ST. ZIP	
TITLE	VS	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDELSMAN, HAROLD S.	32 NAME	
STREET ADDRESS	200 WEST MADISON	33 STREET ADDRESS	
CITY ST. ZIP	CHICAGO IL	34 CITY ST. ZIP	
TITLE	VT	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSNER, KENNETH R.	42 NAME	
STREET ADDRESS	200 WEST MADISON	43 STREET ADDRESS	
CITY ST. ZIP	CHICAGO IL	44 CITY ST. ZIP	
TITLE	VD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITZKER, NICHOLAS J.	52 NAME	
STREET ADDRESS	200 WEST MADISON	53 STREET ADDRESS	
CITY ST. ZIP	CHICAGO IL	54 CITY ST. ZIP	
TITLE	CD	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITZKER, JAY A.	62 NAME	
STREET ADDRESS	200 WEST MADISON	63 STREET ADDRESS	
CITY ST. ZIP	CHICAGO IL	64 CITY ST. ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kenneth R. Posner, Vice President & Treasurer

April 11, 1995 312-750-1234
(Date) (Telephone #)