

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

02 JUL 29 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # #831650

1. Entity Name

**HYATT CORPORATION**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**200 West Madison**

3. Mailing Address  
**200 West Madison**

Suite, Apt. #, etc.  
**41st Floor**

Suite, Apt. #, etc.  
**41st Floor**

City & State  
**Chicago, IL 60606**

City & State  
**Chicago, IL**

4. FEI Number  
**94-1649123**

Applied For  
Not Applicable

Zip  
**60606**

Country  
**USA**

Zip  
**60606**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **United States Corporation Company**

Street Address (P.O. Box Number is Not Acceptable)

**1201 Hays Street  
Suite 105**

City **Tallahassee FL** Zip Code **32301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Borg, Frank 200 West Madison Chicago, IL 60606</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPD Pritzker, Thomas J. 200 West Madison Chicago, IL 60606</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000006726590</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS Handelsman, Harold S. 200 West Madison Chicago, IL 60606</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT Rose, Kirk 200 West Madison Chicago, IL 60606</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Pritzker, Nicholas J. 200 West Madison Chicago, IL 60606</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Pritzker, Penny 200 West Madison Chicago, IL 60606</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Handelsman*

**Harold S. Handelsman, Sr. VP & Secretary**

7/25/02

312-750-8162

Date Daytime Phone #

CR2E034B (12/01)

*Attachment*

8316502 of 2



ACCOUNT NO. : 072100000032  
 REFERENCE : 680455 4322610  
 AUTHORIZATION : *Patricia Pizute*  
 COST LIMIT : \$ 550.00

ORDER DATE : July 26, 2002  
 ORDER TIME : 10:53 AM  
 ORDER NO. : 680455-040  
 CUSTOMER NO: 4322610  
 CUSTOMER: Ms. Charmaine R. Black  
 Hyatt Hotels Corporation  
 200 West Madison Street  
 Chicago, IL 60606

ANNUAL REPORT FILING

NAME: HYATT CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
 02 JUL 29 AM 11:39  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA