

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90214 047 \*\*\*150.00

**DOCUMENT # 831650**

1. Entity Name  
**HYATT CORPORATION**



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

Mailing Address  
**200 WEST MADISON ST.  
 41ST FLOOR  
 CHICAGO, IL 60606**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

**94-1649123**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE, FL 32301**

Name

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

City

**FL**

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BORG, FRANK	
STREET ADDRESS	200 WEST MADISON	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	PRITZKER, THOMAS J.	
STREET ADDRESS	200 WEST MADISON	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HANDELSMAN, HAROLD S.	
STREET ADDRESS	200 WEST MADISON	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRITZKER, NICHOLAS J	
STREET ADDRESS	200 WEST MADISON	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRITZKER, PENNY	
STREET ADDRESS	200 WEST MADISON	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ROSE, KIRK	
STREET ADDRESS	200 WEST MADISON ST.	
CITY-ST-ZIP	CHICAGO, IL 60606	

TITLE	C/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas J. Pritzker	
STREET ADDRESS	200 West madison	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas Geaga	
STREET ADDRESS	200 West madison	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Goldman	
STREET ADDRESS	200 West madison	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas D'Toole	
STREET ADDRESS	200 West madison	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christine Maki	
STREET ADDRESS	200 West madison	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randa Saleh	
STREET ADDRESS	200 West madison	
CITY-ST-ZIP	Chicago, IL 60606	

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:** \_\_\_\_\_

*Harold S. Handelsman*

Harold S. Handelsman 4/28/04 312-7501234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #