
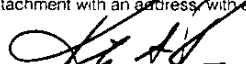


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

TALLAHASSEE, FLORIDA

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 71 S Wacker Dr.		3. Mailing Address 71 S Wacker Dr.	
Suite, Apt. #, etc. 12th Floor		Suite, Apt. #, etc. 12th Floor	
City & State Chicago, IL		City & State Chicago, IL	
Zip 60606	Country USA	Zip 60606	Country USA
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600049805086 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 <del>Added</del> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PRITZKER, THOMAS J 200 W MADISON CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB/D/CEO Thomas Pritzker 71 S Wacker Dr., 12th Floor Chicago, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD PRITZKER, THOMAS J. 200 WEST MADISON CHICAGO, IL 60606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Douglas Geoga 71 S Wacker Dr., 12th Floor Chicago, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HANDELSMAN, HAROLD S. 200 WEST MADISON CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D Harold Handelsman 71 S Wacker Dr., 12th Floor Chicago, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRITZKER, NICHOLAS J 200 WEST MADISON CHICAGO, IL 60606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Steven R. Goldman 71 S Wacker Dr., 12th Floor Chicago, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRITZKER, PENNY 200 WEST MADISON CHICAGO, IL 60606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Christine Maki 71 S Wacker Dr., 12th Floor Chicago, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ROSE, KIRK 200 WEST MADISON ST. CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/T Kirk Rose 71 S Wacker Dr., 12th Floor Chicago, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Kirk Rose		3/28/2005 (312)780-5530	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 292419 4322610
AUTHORIZATION : Patricia Pizoto
COST LIMIT : \$ 150.00

ORDER DATE : April 1, 2005
ORDER TIME : 9:29 AM
ORDER NO. : 292419-005
CUSTOMER NO: 4322610
CUSTOMER: Laura Geis
Hyatt Hotels Corporation
14th Floor
71 S. Wacker Drive
Chicago, IL 60606

RECEIVED
05 APR -4 AM 10:41
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

ANNUAL REPORT FILING

NAME: HYATT CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS: