

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90120 034 ***150.00

DOCUMENT # 835370

1. Corporation Name
ITT SHERATON CORPORATION

Principal Place of Business
C/O ITT CORPORATION
1330 AVENUE OF THE AMERICAS
NEW YORK NY 10019
US

Mailing Address
C/O ITT CORPORATION
1330 AVENUE OF THE AMERICAS
NEW YORK NY 10019
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1975

4. FEI Number

04-2546817

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21. **777 WESTCHESTER AVE.**
Suite, Apt. #, etc.

2a. Mailing Address

26. **2231 E. CAMELBACK RD.**
Suite, Apt. #, etc.

22. City & State

23. **WHITE PLAINS, NY**
Zip Country

24. **10604**

25. **U.S.A.**

27. **SUITE 400**

28. **PHOENIX, AZ**

29. **85016**

30. **USA**

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 if applicable.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	ALLAN J DURST	
STREET ADDRESS	1330 AVENUE OF THE AMERICAS	
CITY-STATE-ZIP	NEW YORK NY 10019	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	LATHAM, JAMES D	
STREET ADDRESS	60 STATE ST	
CITY-STATE-ZIP	BOSTON, MA 0	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	PAUL MASTROIANNI	
STREET ADDRESS	1330 AVENUE OF THE AMERICAS	
CITY-STATE-ZIP	NEW YORK NY 10019	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PETER A ABRUZZESE	
STREET ADDRESS	1330 AVENUE OF THE AMERICAS	
CITY-STATE-ZIP	NEW YORK NY 10019	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WEADOCK, DANIEL P.	
STREET ADDRESS	60 STATE STR	
CITY-STATE-ZIP	BOSTON MA	
TITLE	CFOT	<input checked="" type="checkbox"/> DELETE
NAME	ANDREW J MANDELL	
STREET ADDRESS	60 STATE ST	
CITY-STATE-ZIP	BOSTON MA 02109	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRED KLEISNER-P
1.3 STREET ADDRESS	777 WESTCHESTER AVENUE
1.4 CITY-STATE-ZIP	WHITE PLAINS, NY 10604
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARK ROZELLS-V/T
2.3 STREET ADDRESS	2231 E CAMELBACK RD, STE 400
2.4 CITY-STATE-ZIP	PHOENIX, AZ 85016
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES LATHAM-V/S
3.3 STREET ADDRESS	777 WESTCHESTER AVENUE
3.4 CITY-STATE-ZIP	WHITE PLAINS, NY 10604
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PETER MORROW-AT
4.3 STREET ADDRESS	2231 E CAMELBACK RD, STE 400
4.4 CITY-STATE-ZIP	PHOENIX, AZ 85016
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAVID HUGHES-AT
5.3 STREET ADDRESS	2231 E CAMELBACK RD, STE 400
5.4 CITY-STATE-ZIP	PHOENIX, AZ 85016
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PETER ALPERT-AT
6.3 STREET ADDRESS	777 WESTCHESTER AVENUE
6.4 CITY-STATE-ZIP	WHITE PLAINS, NY 10604

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0301, Florida Statutes, and 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, with all other like empowered.

SIGNATURE:

Peter Morrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER MORROW

4-20-99

Date

602-852-3900

Daytime Phone #

CR2E034 (11/98)