

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 835370
1. Entity Name

THE SHERATON CORPORATION

Principal Place of Business Mailing Address
111 WESTCHESTER AVENUE 2231 E. CAMELBACK RD
WHITE PLAINS, NY 10604 STE. 400
PHOENIX, AZ 85016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2546817

Applied For

Not Applicable

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

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

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 PD ☐ Delete
NAME THEODORE W. DARNALL
STREET ADDRESS 1111 WESTCHESTER AVENUE
CITY - ST - ZIP WHITE PLAINS, NY 10604

TITLE VAT ☐ Delete
NAME PETER MORROW
STREET ADDRESS 2231 E. CAMELBACK RD., STE. 400
CITY - ST - ZIP PHOENIX, AZ 85016

TITLE VSD ☐ Delete
NAME KENNETH S. SIEGEL
STREET ADDRESS 1111 WESTCHESTER AVENUE
CITY - ST - ZIP WHITE PLAINS, NY 10604

TITLE D ☐ Delete
NAME RONALD C. BROWN
STREET ADDRESS 2231 E. CAMELBACK RD., STE 400
CITY - ST - ZIP PHOENIX, AZ 85016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 Block 12 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

4-26-02

Date

(602) 852-3900

Daytime Phone #

FILED
02 MAY -1 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)