

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90184 036 ***150.00

DOCUMENT # 835370 1. Entity Name THE SHERATON CORPORATION					
Principal Place of Business 1111 WESTCHESTER AVE. WHITE PLAINS, NY 10604 US			Mailing Address 2231 E CAMELBACK RD SUITE 400 PHOENIX, AZ 85016 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
b. 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DARNALL, THEODORE W		NAME		
STREET ADDRESS	1111 WESTCHESTER AVE.		STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS, NY 10604		CITY-ST-ZIP		
TITLE	VAT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORROW, PETER		NAME		
STREET ADDRESS	2231 E CAMELBACK RD, STE 400		STREET ADDRESS		
CITY-ST-ZIP	PHOENIX, AZ 85016		CITY-ST-ZIP		
TITLE	VSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEGEL, KENNETH S		NAME		
STREET ADDRESS	1111 WESTCHESTER AVE.		STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS, NY 10604		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRABHU, VASANT		NAME		
STREET ADDRESS	1111 WESTCHESTER AVE		STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS, NY 10604		CITY-ST-ZIP		
TITLE	VT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DREW, JEFF S		NAME		
STREET ADDRESS	2231 E CAMELBACH RD STE 400		STREET ADDRESS	1111 Westchester Ave.	
CITY-ST-ZIP	PHOENIX, AZ 85016		CITY-ST-ZIP	White Plains, NY 10604	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Peter Morrow 4-25-05 (602) 852-3900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		