

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

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Apr 30, 1999 8:00 am
Secretary of State

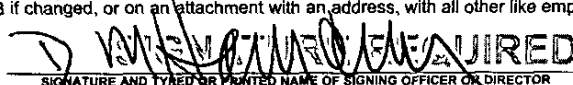
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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 846367					
1. Corporation Name RADISSON HOTEL CORPORATION					
Principal Place of Business 12755 STATE HIGHWAY 55 MINNEAPOLIS MN 55441			Mailing Address P. O. BOX 59159 ATTN: TAX DEPT. MINNEAPOLIS MN 55459-8250 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/27/1980 4. FEI Number 41-0940175 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing, Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE V NAME HAMANN, D.M. STREET ADDRESS 12755 STATE HWY. 55 CITY-ST-ZIP MINNEAPOLIS MN			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE CD NAME CARLSON, C L STREET ADDRESS 12755 STATE HWY 55 CITY-ST-ZIP MINNEAPOLIS, MN 00000			2.1 TITLE CD 2.2 NAME Nelson, Marilyn C. 2.3 STREET ADDRESS 12755 Stae Hwy55 2.4 CITY-ST-ZIP Minneapolis MN 55441		
TITLE VT NAME DIRACLES, J.M. STREET ADDRESS 12755 STATE HWY 55 CITY-ST-ZIP MINNEAPOLIS, MN 00000			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D NAME NELSON, CURTIS C STREET ADDRESS 12755 ST HWY 55 CITY-ST-ZIP MINNEAPOLIS MN			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE VS NAME BERKWITZ, ROBERT S STREET ADDRESS 12755 ST HWY 55 CITY-ST-ZIP MINNEAPOLIS, MN 00000			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE PCOO NAME STAGE, BRIAN STREET ADDRESS 12755 STATE HWY 55 CITY-ST-ZIP MINNEAPOLIS MN 55441			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED Darrel M. Hamann 4-23-99 612-212-2920

Date

Daytime Phone #

CR2E034 (11/98)