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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	Mailing Address
12755 STATE HIGHWAY 55 MINNEAPOLIS MN 55441	P. O. BOX 59159 ATTN: TAX DEPT. MINNEAPOLIS MN 55459-8250 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/27/1980

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 41-0940175 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HAMANN, D.M.		1.2 NAME		
STREET ADDRESS	12755 STATE HWY. 55		1.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		1.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	2.1 TITLE	CD	☐ Change ☒ Addition
NAME	CARLSON, C L		2.2 NAME	Nelson, Marilyn C.	
STREET ADDRESS	12755 STATE HWY 55		2.3 STREET ADDRESS	12755 Stae Hwy55	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000		2.4 CITY-ST-ZIP	Minneapolis MN 55441	
TITLE	VT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DIRACLES, J.M.		3.2 NAME		
STREET ADDRESS	12755 STATE HWY 55		3.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 00000		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, CURTIS C		4.2 NAME		
STREET ADDRESS	12755 ST HWY 55		4.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		4.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BERKWITZ, ROBERT S		5.2 NAME		
STREET ADDRESS	12755 ST HWY 55		5.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 00000		5.4 CITY-ST-ZIP		
TITLE	PCOO	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STAGE, BRIAN		6.2 NAME		
STREET ADDRESS	12755 STATE HWY 55		6.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN 55441		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: D [illegible] REQUIRED Darrel M. Hamann 4-23-99 612-212-2920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #