

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

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PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90070 022 ***150.00

DOCUMENT # 857160

1. Corporation Name LOEW'S HOTELS, INC.



Principal Place of Business 655 MADISON AVENUE NEW YORK NY 10021-8043 US

Mailing Address 655 MADISON AVENUE NEW YORK NY 10021-8043 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/21/1983

4. FEI Number 13-1474355 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 21 667 Madison Avenue Suite, Apt. #, etc. 22 New York, NY City & State 23 10021-8087 Zip 24 USA Country

2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 30 Zip Country

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TISCH, JONATHAN M	
STREET ADDRESS	667 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADLER, JACK	
STREET ADDRESS	667 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KENNY, JOHN	
STREET ADDRESS	655 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	HIRSCH, BARRY	
STREET ADDRESS	655 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	DESMOND, DENIS	
STREET ADDRESS	655 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V/S Garson, Gary W.
4.3 STREET ADDRESS	667 Madison Avenue
4.4 CITY-ST-ZIP	New York, NY 10021-8087
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Denis Desmond Asst. Treasurer 4/1/99

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

CR2E034 (11/98)