

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000002153

1. Entity Name
WESTIN NORTH AMERICA MANAGEMENT CO.



Principal Place of Business
1111 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604

Mailing Address
2231 E. CAMELBACK RD
STE 400
PHOENIX, AZ 85016



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
91-1877017

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DARNALL, THEODORE W
STREET ADDRESS	1111 WESTCHESTER AVE
CITY-ST-ZIP	WHITE PLAINS, NY 10604
TITLE	VAT
NAME	PRABHU, VASANT
STREET ADDRESS	1111 WESTCHESTER AVE.
CITY-ST-ZIP	WHITE PLAINS, NY 10604
TITLE	VSD
NAME	SAVRANN, RUSSELL C
STREET ADDRESS	1111 WESTCHESTER AVE
CITY-ST-ZIP	WHITE PLAINS, NY 10604
TITLE	VAT
NAME	MORROW, PETER
STREET ADDRESS	2231 E. CAMELBACK ROAD, SUITE 400
CITY-ST-ZIP	PHOENIX, AZ 85016
TITLE	VAT
NAME	SCHNAID, ALAN M
STREET ADDRESS	2231 E. CAMELBACK ROAD, SUITE 400
CITY-ST-ZIP	PHOENIX, AZ 85016
TITLE	VT
NAME	DREW, JEFF S
STREET ADDRESS	2231 EAST CAMELBACK ROAD., STE. 400
CITY-ST-ZIP	PHOENIX, AZ 85016

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04/22/05-80098-006 150.00

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IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-805
Date

(402) 852-3900
Daytime Phone #