## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 05, 2006 8:00 am Secretary of State DOCUMENT # F00000002153 1. Entity Name 05-05-2006 90163 038 \*\*\*150.00 WESTIN NORTH AMERICA MANAGEMENT CO. Principal Place of Business Mailing Address 1111 WESTCHESTER AVENUE WHITE PLAINS NY 10604 2231 E CAMELBACK RD STE 400 PHOENIX AZ 85016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 91-1877017 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD TITLE ☐ Delete ☐ Addition NAME DARNALL, THEODORE W NAME STREET ADDRESS STREET ADDRESS 1111 WESTCHESTER AVE CITY-ST-ZIP CITY-ST-7(P WHITE PLAINS NY 10604 TITLE VAT Defete ☐ Change ☐ Addition NAME PRABHU, VASANT NAME STREET ADDRESS STREET ADDRESS 1111 WESTCHESTER AVE. CITY-ST-ZIP CITY-ST-ZIP WHITE PLAINS NY 10604 TITLE TITLE V5 ☐ Change Delete X Addition michael Dojlidko 1111. Westchester Ave. NAME NAME SAVRANN, RUSSELL C STREET ADDRESS 1111 WESTCHESTER AVE STREET ADDRESS White Plains NY 10604 CITY-ST-ZIP WHITE PLAINS NY 10604 CITY-ST-ZIP Change ☐ Defete VATD ☐ Addition MORROW, PETER NAME NAME STREET ADDRESS 2231 E. CAMELBACK ROAD, SUITE 400 STREET ADDRESS CiTY-ST-ZIP PHOENIX AZ 85016 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SCHNAID, ALAN M NAME NAME 2231 E. CAMELBACK ROAD, SUITE 400 STREET ADDRESS STREET ADDRESS PHOENIX AZ 85016 CITY-ST-ZIP CITY-ST-ZIP VT ☐ Addition TITLE ☐ Delete TITLE ☐ Change DREW, JEFF S NAME NAME 2231 EAST CAMELBACK ROAD., STE. 400 STREET ADDRESS STREET ADDRESS PHOENIX AZ 85016 CITY-ST-ZIP CITY-ST-ZIP

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.

hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE:

Patev Moryou) 4-24-06 (602)852-390)
Deficer on Director Delytime Phone #

**FILED**