

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F00000003443 1. Entity Name INTRAWEEST HOSPITALITY MANAGEMENT, INC.					
Principal Place of Business 221 CORPORATE CIRCLE, STE Q GOLDEN, CO 80401			Mailing Address P.O. BOX 5178 DILLON, CO 80435		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 221 Corporate Circle Suite, Apt. #, etc.		01282004 Chg-P CR2E034 (10/03)	
City & State Golden CO		City & State Golden CO		4. FEI Number 84-1496496	
Zip 80401		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2000 Burrard Street 03/24/04--01016--007 **150.00 City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAYMOND, GARY L 200 BURRARD STREET, SUITE 800 VANCOUVER, BC, CANADA,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Currie, John E 200 Burrard Street, Suite 800 Vancouver, BC Canada V6C 3L6	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAYMOND, GARY L #900-999 WEST HASTINGS ST. VANCOUVER, BC, CANADA, V6C ZWZ	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Meacher, Ross J 200 Burrard Street, Suite 800 Vancouver, BC Canada V6C 3L6	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMYTHE, HUGH R 4545 BLACKCOMB WAY WHISTLER, BC, CANADA, VON 1B4	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARTVIGSEN, DAVID M 221 CORPORATE CIRCLE, SUITE Q GOLDEN, CO 80401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, STEPHEN K 1 SNOWSHOE DRIVE SNOWSHOE, WV 26209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STIPEC, JEFF J 14646 N. KIERLAND BLVD., STE. 210 SCOTTSDALE, AZ 85254	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Jeff J. Stipiec Vice President 3/16/04 480 974 2200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					