

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92135 001 ***900.00

DOCUMENT # FO1000000 324			
1. Entity Name Landauer Hospitality International, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2215 Sanders Road Suite, Apt. #, etc. Suite 400 City & State Northbrook, IL Zip 60062		3. Mailing Address 2215 Sanders Road Suite, Apt. #, etc. Suite 400 City & State Northbrook, IL Zip 60062	
Country USA		Country USA	
4. FEI Number 36-4321110		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name The Prentice-Hall Corporation System, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
City Tallahassee			
State FL			
Zip Code 32301			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE Director NAME Mark C. Howell STREET ADDRESS 1610 Arden Way, Suite 195 CITY-ST-ZIP Sacramento, CA 95815	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE Director NAME Bryan Vrba STREET ADDRESS 2215 Sanders Road, Suite 400 CITY-ST-ZIP Northbrook, IL 60062	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE Director, CAO, Corporate Secretary NAME Robert J. Walner STREET ADDRESS 2215 Sanders Road, Suite 400 CITY-ST-ZIP Northbrook, IL 60062	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE Chief Financial Officer NAME Ian Y. Bress STREET ADDRESS 55 East 59th Street CITY-ST-ZIP New York, NY 10022	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE President NAME Deborah Jackson-May STREET ADDRESS 55 East 59th Street CITY-ST-ZIP New York, NY 10022	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE Vice President and Assistant Sec. NAME James S. Fenton STREET ADDRESS 2215 Sanders Road, Suite 400 CITY-ST-ZIP Northbrook, IL 60062	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ James S. Fenton		7/10/02 847-753-7500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)