2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005
Secretary of State

DOCUMENT# F01000001796

Entity Name: DESTINATION HOTELS AND RESORTS, INC.

Current Principal Place of Business:

11777 SAN VICENTE BLVD., SUITE 900
LOS ANGELES, CA 90049

New Principal Place of Business:

Current Mailing Address:

11777 SAN VICENTE BLVD., SUITE 900
LOS ANGELES, CA 90049

New Mailing Address:

FEI Number: 94-4205478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	PECK, CHARLES S	
Address:	10333 EAST DRY CREEK ROAD, SUITE 450	
City-St-Zip:	ENGLEWOOD, CO 80112	
Title:	CEOD	( ) Delete
Name:	PLATT, JOHN B III	
Address:	26 WEST MICHELTORENA STREET	
City-St-Zip:	SANTA BARBARA, CA 931012527	
Title:	DVT	( ) Delete
Name:	POLADIAN, AVEDICK B	
Address:	11777 SAN VICENTE BLVD., SUITE 900	
City-St-Zip:	LOS ANGELES, CA 90049	
Title:	S	( ) Delete
Name:	LARSEN, LEANNE	
Address:	11777 SAN VICENTE BLVD., SUITE 900	
City-St-Zip:	LOS ANGELES, CA 90049	
Title:	DC	( ) Delete
Name:	LOWE, ROBERT J	
Address:	11777 SAN VICENTE BLVD., SUITE 900	
City-St-Zip:	LOS ANGELES, CA 90049	
Title:	V	( ) Delete
Name:	DEMARCO, JOHN M	
Address:	11777 SAN VICENTE BLVD., SUITE 900	
City-St-Zip:	LOS ANGELES, CA 90049	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CEOD	(X) Change ( ) Addition
Name:	PLATT, JOHN B III	
Address:	2060 ALAMEDA PADRE SERRA	
City-St-Zip:	SANTA BARBARA, CA 93103	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEANNE LARSEN S 02/07/2005

Electronic Signature of Signing Officer or Director — Date