## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

100

| U   | NIFORM   | BUSINE                     | SS REPORT                              | (UE                   | 3R)  | 1                          |                                     |                             |                                 |          |
|---|--|----------------------------|--|-----------------------|--|----------------------------|-------------------------------------|-----------------------------|---------------------------------|----------|
| DOCUMENT # r01000002169  1. Entity Name  HT-Aruba, Inc.                   |  |                            |  |                       |  | 02 JUL 29 PM 4: 38         |                                     |                             |                                 |          |
|   |  |                            |  |                       |  |                            |                                     |                             |                                 |          |
|   |  |                            |  |                       |  |                            |                                     |                             |                                 |          |
|   | ,  |                            |  |                       |  |                            |                                     |                             |                                 |          |
| -   | DO NOT   | WRITE                      | IN THIS SF                             | PAC                   | E  | 1                          |                                     |                             |                                 |          |
|   | Place of Business<br>7. Madison                                    |                            | 3. Mailing Address 200 W. Madison      |                       |  | 70                         |                                     |                             |                                 |          |
| Suite, Apt. #, etc. Suite, Apt. #, etc.                                   |  |                            |  |                       |  | DO NOT WRITE IN THIS SPACE |                                     |                             |                                 |          |
| 41st Floor         41st Floor           City & State         City & State |  |                            |  |                       |  | 4. FEI Number              |                                     | ^                           | Applied                         | d For    |
|   |  |                            | Chicago, IL                            |                       |  | 0/ 0/5/150                 |                                     |                             |                                 | plicable |
| 60606 COUSA   |  |                            | 60606 <sup>C</sup> ⁰₩\$                |                       | Ά  | 5. Certificate of S        | Status Desired                      |                             | 8.75 Additionate Required       | al       |
| DO NOT WRITE<br>IN THIS SPACE   |  |                            |  |                       | 7. Name and Address of Current Registered Agent  Name Corporation Service Company  |                            |                                     |                             |                                 |          |
|   |  |                            |  |                       |  |                            |                                     |                             |                                 |          |
|   |  |                            |  |                       | 1201 Hays Street   |                            |                                     |                             |                                 |          |
|   |  |                            |  |                       | City   | lahassee                   |                                     | FL                          | Zip C3230                       | 7        |
|   |  |                            |  |                       |  |                            |                                     | the purpose of changing its | L                               |          |
| SIGNATURE .   | Signature, typed or printed in                                     | ame of registered agent an | d tide if applicable. (NOTE:           | Registered            | Agent signature requin   | ed when reinstating)       |                                     | DATE                        |                                 |          |
| Tax filing i  | oration is eligible to sa<br>requirement and elect<br>ria on back) |                            | January 1 - Ma<br>After May<br>Amended | 1, Fee is<br>I UBR is | \$550.00<br>\$61.25  | Trust F                    | n Campaign Financiund Contribution. | cing                        | <b>\$5.00</b> Ma<br>Added to Fe |          |
| 11.   |  | OFFICERS AND D             | Make Check Payabl                      | ie to De              | partment or St   | ate                        |                                     | -                           |                                 |          |
| TITLE   | pD:  |                            |  | TITLE                 |  | 7                          | 00000                               | 726                         | 3867                            |          |
| NAME  | Pritzker, Thomas J.<br>200 W. Madison                              |                            | NAME                                   |                       | E FAMILY TOWN TOWN TOWN I DESCRIPTION OF THE SAME OF T |                            |                                     |                             |                                 |          |
| STREET ADDRESS<br>City-St-Zip   | 01: TT (0(0)   |                            | STREET<br>CITY-S                       | T ADDRESS             |  |                            |                                     |                             |                                 |          |
| TITLE   | DVS  |                            |  |                       | 21-ZIF   | W                          | <del></del>                         |                             |                                 |          |
| NAMÉ  | 71-1 711-0   |                            |  |                       |  |                            |                                     |                             |                                 |          |
| STREET ADDRESS  | et address 200 W. Madison  |                            |  |                       | ADDRESS  |                            |                                     |                             |                                 |          |
| CITY-ST-ZiP   | Chicago, I   | L 60606                    |  | CITY-S                | ST-ZIP   |                            |                                     |                             |                                 | ·        |
| TITLE   | DVT  |                            |  | TITLE                 | İ  | •                          |                                     |                             |                                 |          |
| NAME  | Miller, Sc   |                            |  | NAME                  | ADDRESS  |                            | -                                   |                             |                                 |          |
| STREET ADDRESS<br>CITY-ST-ZIP   | ZUU W. MAQISON   |                            |  | CITY-S                | l'   | DO NOT WRITE               |                                     |                             |                                 |          |
| ΠLE   | P  |                            |  | TITLE                 |  | INI '                      | THIS S                              |                             |                                 |          |
| Pritzker, Nicholas J.   |  |                            |  |                       |  | IN THIS SPACE              |                                     |                             |                                 |          |
| STREET ADDRESS 200 W. Madison   |  |                            |  |                       | ADDRESS  |                            | , .                                 |                             | •                               |          |
| 1   | Chicago, IL  | 60606                      | ·                                      | CITY-S                | 51-ZIP   | <u> </u>                   |                                     | -                           |                                 |          |
| ITLE  | V  | _                          |  | · TITLE<br>NAME       |  |                            |                                     |                             |                                 |          |
| HAME Borg Frank<br>STREET ADDRESS 200 M. Madison                          |  |                            |  |                       | ADDRESS  |                            |                                     |                             |                                 |          |
| CITY-ST-ZIP   | Chicago, I   |                            |  | CITY-S                | 1  |                            |                                     |                             |                                 |          |
| TTLE  |  |                            |  | TITLE                 |  |                            | ~                                   |                             |                                 |          |
| NAME  |  |                            |  | NAME                  |  |                            |                                     |                             |                                 |          |

13. Thereby 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 11 or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATUREX

STREET ADDRESS

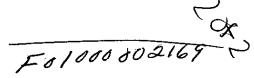
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7/05/00

312-750-8162

Daytime Phone #

audetmus





ACCOUNT NO. : 072100000032

REFERENCE

4322610

AUTHORIZATION

COST LIMIT

July 26, 2002 ORDER DATE :

ORDER TIME: 10:46 AM

ORDER NO. : 680455-020

CUSTOMER NO: 4322610

CUSTOMER: Ms. Charmaine R. Black

Hyatt Hotels Corporation 200 West Madison Street

Chicago, IL 60606

## ANNUAL REPORT FILING

NAME: HT-ARUBA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: