


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

TALLAHASSEE, FLORIDA



04152005 Chg-P CR2E034 (10/03)

DOCUMENT # F01000002169			
1. Entity Name HT-ARUBA, INC.			
Principal Place of Business 200 W. MADISON 41ST FLOOR CHICAGO, IL 60606 US		Mailing Address 200 W. MADISON 41ST FLOOR CHICAGO, IL 60606 US	
2. Principal Place of Business 71 S. Wacker Drive Suite, Apt. #, etc. 12th Floor City & State Chicago, IL Zip 60606		3. Mailing Address 71 S. Wacker Drive Suite, Apt. #, etc. 12th Floor City & State Chicago, IL Zip 60606	
Country USA		Country USA	
4. FEI Number 36-3456158		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) 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. 900051637139			
SIGNATURE		DATE	
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 After May 1, 2005 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 GEOGA, DOUGLAS 200 W. MADISON CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Geoga, Douglas 71 South Wacker Drive Chicago, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HANDELSMAN, HAROLD S 200 W. MADISON CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Sec. Handelsman, Harold S. 71 South Wacker Drive Chicago, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROSE, KIRK A 200 W. MADISON CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Treas. Rose, Kirk A. 71 South Wacker Drive Chicago, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAKI, CHRISTINE 200 W. MADISON CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Tax Maki, Christine 71 South Wacker Drive Chicago, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Enayetullah, Habib 71 South Wacker Drive Chicago, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(f), 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: By: <i>Kirk Rose</i> Kirk Rose		Date: 4/21/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
Kirk A. Rose, VP & Treasurer			



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 329093 4322610

AUTHORIZATION :

*Patricia Pizuto*

COST LIMIT : \$ 150.00

ORDER DATE : April 21, 2005

ORDER TIME : 10:07 AM

ORDER NO. : 329093-015

CUSTOMER NO: 4322610

CUSTOMER: Laura Geis  
Hyatt Hotels Corporation  
14th Floor  
71 S. Wacker Drive  
Chicago, IL 60606

ANNUAL REPORT FILING

NAME: HT-ARUBA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
 05 APR 22 4:11:03  
 DEPARTMENT OF CORPORATIONS  
 TALLAHASSEE, FLORIDA