

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90157 026 ***150.00

DOCUMENT # F01000003283

1. Entity Name

WESTIN MANAGEMENT COMPANY EAST



Principal Place of Business

1111 WESTCHESTER AVE
WHITE PLAINS NY 10604

Mailing Address

2231 E. CAMELBACK RD
STE 400
PHOENIX AZ 85016



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

91-1877025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DARNALL, THEODORE W
STREET ADDRESS 1111 WESTCHESTER AVE
CITY-ST-ZIP WHITE PLAINS NY 10604

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VAT ☐ Delete
NAME MORROW, PETER
STREET ADDRESS 2231 E. CAMELBACK RD. STE400
CITY-ST-ZIP PHOENIX AZ 85016

TITLE VATD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☒ Delete
NAME SAVRANN, RUSSELL C
STREET ADDRESS 1111 WESTCHESTER AVE
CITY-ST-ZIP WHITE PLAINS NY 10604

TITLE VS ☐ Change ☒ Addition
NAME Michael Dojlidko
STREET ADDRESS 1111 Westchester Ave
CITY-ST-ZIP White Plains, NY 10604

TITLE VATD ☐ Delete
NAME PRABHU, VASANT
STREET ADDRESS 1111 WESTCHESTER AVE.
CITY-ST-ZIP WHITE PLAINS NY 10604

TITLE VAT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☐ Delete
NAME DREW, JEFF S
STREET ADDRESS 1111 WESTCHESTER AVE
CITY-ST-ZIP WEST HARRISON NY 10604

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Peter Morrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-06

(602) 852-3900