


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90021 004 \*\*\*150.00

<b>DOCUMENT # F02000000018</b>	
1. Entity Name <b>STARWOOD RESERVATIONS CORPORATION</b>	

Principal Place of Business <b>1111 WESTCHESTER AVE. WHITE PLAINS, NY 10604</b>	Mailing Address <b>1111 WESTCHESTER AVE. WHITE PLAINS, NY 10604</b>
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**44076446**

2. Principal Place of Business		3. Mailing Address <b>2231 E. Camelback Rd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>400</b>	
City & State		City & State <b>Phoenix, AZ</b>	
Zip	Country	Zip	Country
		<b>85016</b>	<b>USA</b>



05042004 Chg-P CR2E034 (10/03)

4. FEI Number <b>04-2424101</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARNALL, THEODORE W 1111 WESTCHESTER AVE. WHITE PLAINS, NY 10604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS DIAGONALE, DINA F 1111 WESTCHESTER AVE. WHITE PLAINS, NY 10604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NSD SIEGEL, KENNETH S 1111 WESTCHESTER AVE. WHITE PLAINS, NY 10604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VATD BROWN, RONALD C 1111 WESTCHESTER AVE. WHITE PLAINS, NY 10604 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vasant Prabhu</b> <b>1111 Westchester Ave.</b> <b>White Plains, NY 10604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DREW, JEFF S 2231 E. COMELBACK ED. STE. 400 PHOENIX, AZ 85016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPAT</b> <b>Peter Morrow</b> <b>2231 E. Camelback Rd. #400</b> <b>Phoenix, AZ 85016</b> <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 1:19.07(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 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

**5-5-04**  
Date

**(602) 852-3900**  
Daytime Phone #