

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-05-2006 90157 021 \*\*\*150.00

DOCUMENT # F02000000018

1. Entity Name

STARWOOD RESERVATIONS CORPORATION



Principal Place of Business

1111 WESTCHESTER AVE.  
WHITE PLAINS NY 10604

Mailing Address

2231 E. CAMELBACK RD., #400  
PHOENIX AZ 85016



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

04-2424101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE VAS ☒ Delete  
NAME DIAGONALE, DINA F  
STREET ADDRESS 1111 WESTCHESTER AVE.  
CITY-ST-ZIP WHITE PLAINS NY 10604

TITLE VSD ☐ Delete  
NAME SIEGEL, KENNETH S  
STREET ADDRESS 1111 WESTCHESTER AVE.  
CITY-ST-ZIP WHITE PLAINS NY 10604

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

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

TITLE SVPT ☐ Delete  
NAME MORROW, PETER  
STREET ADDRESS 2231 E. CAMELBACK RD. #400  
CITY-ST-ZIP PHOENIX AZ 85016

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VAS ☐ Change ☒ Addition  
NAME Cathy Satz  
STREET ADDRESS 1111 Westchester Ave  
CITY-ST-ZIP White Plains, NY 10604

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

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

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

TITLE SVPAT ☒ 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*

Peter Morrow

4-24-06

(602) 852-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #