

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005844

FILED
Feb 16, 2010
Secretary of State

Entity Name: NETWORK OF EXECUTIVE WOMEN IN HOSPITALITY, INC.

Current Principal Place of Business:

NEWH, INC.
N5836 FOESCH ROAD
SHAWANO, WI 54166

New Principal Place of Business:

Current Mailing Address:

N5836 FOESCH RD.
SHAWANO, WI 54166

New Mailing Address:

PO BOX 322
SHAWANO, WI 54166

FEI Number: 95-4030150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: BRAGG, LORRAINE
Address: 811 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: P
Name: DOLAN GURSKY, MICHELLE
Address: 17801 FITCH STREET
City-St-Zip: IRVINE, CA 92714

Title: T
Name: PRICE, LINDA
Address: 340 ROYAL POINCIANA WAY SUITE 306
City-St-Zip: PALM BEACH, FL 33480 US

Title: T
Name: ADAMS, KATHERINE
Address: 605 E. ROBINSON STREET #410
City-St-Zip: ORLANDO, FL 32801

Title: S
Name: RANK, ANN
Address: 1200 ARTHUR AVENUE
City-St-Zip: ELK GROVE, IL 60007

Title: VP
Name: GHAI, LISA
Address: 1050 CARIBBEAN WAY
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORRAINE BRAGG

PRES

02/16/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date