2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 22, 2006
Secretary of State

DOCUMENT# F03000000140

Entity Name: HOLLADAY PROPERTY SERVICES MIDWEST, INC.

Current Principal Place of Business:

227 SOUTH MAIN STREET, STE. 300
SOUTH BEND, IN 46601

New Principal Place of Business:

Current Mailing Address:

830 FESSLER'S PARKWAY
SUITE 111
NASHVILLE, TN 37210

New Mailing Address:

FEI Number: 52-2128493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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:	DP	( ) Delete
Name:	PHAIR, JOHN T	
Address:	227 SOUTH MAIN STREET, STE. 300	
City-St-Zip:	SOUTH BEND, IN 46601	
Title:	D	( ) Delete
Name:	HOLLADAY, WALLACE F JR	
Address:	3400 IDAHO AVENUE NW, STE. 500	
City-St-Zip:	WASHINGTON, DE 20016	
Title:	VP	( ) Delete
Name:	GIBSON, THOMAS C	
Address:	830 FESSLEER PKWY., STE. 100	
City-St-Zip:	NASHVILLE, TN 37224	
Title:	ST	( ) Delete
Name:	LASKOWSKI, JAMES W	
Address:	227 SOUTH MAIN STREET, STE. 300	
City-St-Zip:	SOUTH BEND, IN 46601	
Title:	AST	( ) Delete
Name:	JAVIER, ARRIZABALAGA	
Address:	815 NW 57TH AVE SUITE 202	
City-St-Zip:	MIAMI, FL 33126	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	AST	(X) Change ( ) Addition
Name:	J0AN, CELLI	
Address:	830 FESSLERS PKWY., STE 111	
City-St-Zip:	NASHVILLE, TN 37210	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN CELLI AST 06/22/2006

Electronic Signature of Signing Officer or Director — Date