

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90404 020 ***150.00

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1. Entity Name
LOEWS ST. PETE HOTEL CORP.



Principal Place of Business
**% LOEWS HOTELS, INC.
667 MADISON AVE.
NEW YORK, NY 10021-8087**

Mailing Address
**% LOEWS HOTELS, INC.
667 MADISON AVE.
NEW YORK, NY 10021-8087**

50008257



03062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
81-0604881

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCCE
TISCH, JONATHAN M
667 MADISON AVENUE
NEW YORK, NY 10021** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPCO
ADLER, JACK
667 MADISON AVENUE
NEW YORK, NY 10021** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EV
ST. MARTIN, CHARLOTTE
667 MADISON AVENUE
NEW YORK, NY 10021** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
GARSON, GARY
667 MADISON AVENUE
NEW YORK, NY 10021** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVCF
DUNLEAVY, VINCENT F
667 MADISON AVENUE
NEW YORK, NY 10021** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MOMEYER, ALAN G
665 MADISON AVENUE
NEW YORK, NY 10021** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
Desmond, Denis R.
655 Madison Avenue, New York, NY 10021** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
Zarin, Glenn P.
667 Madison Avenue, New York, NY 10021** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Becker, Susan T.
655 Madison Avenue, New York, NY 10021** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Garson, Gary W.
667 Madison Avenue, New York, NY 10021** ☒ Change ☐ Addition

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denis R. Desmond

3/22/06

Date

Daytime Phone #