


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90013 033 \*\*\*150.00

<b>DOCUMENT # F03000001315</b>	
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
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**50002642**



2. Principal Place of Business - No P.O. Box # 667 Madison Avenue	3. Mailing Address 655 Madison Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. Tax Dept. 14th FL.
City & State New York, NY	City & State New York, NY
Zip 10065-8087	Country US

03122008 Chg-P CR2E034 (12/06)

4. FEI Number 81-0604881	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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.

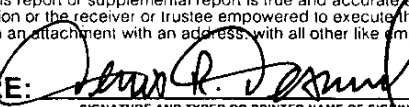
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCCE TISCH, JONATHAN M 667 MADISON AVENUE NEW YORK, NY 10021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCE Tisch, Jonathan M. 667 Madison Avenue New York, NY 10065-8087 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO ADLER, JACK 667 MADISON AVENUE NEW YORK, NY 10021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO Adler, Jack S. 667 Madison Avenue New York, NY 10065-8087 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BECKER, SUSAN T 667 MADISON AVENUE NEW YORK, NY 10021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Becker, Susan T. 655 Madison Avenue New York, NY 10065-8068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARSON, GARY 667 MADISON AVENUE NEW YORK, NY 10021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Garson, Gary W. 667 Madison Avenue New York, NY 10065-8087 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCF DUNLEAVY, VINCENT F 667 MADISON AVENUE NEW YORK, NY 10021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCF Dunleavy, Vincent F. 667 Madison Avenue New York, NY 10065-8087 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOMEYER, ALAN G 665 MADISON AVENUE NEW YORK, NY 10021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Momeyer, Alan G. 655 Madison Avenue New York, NY 10065-8068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:  Denis R. Desmond 4/2/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT**  
*50002012*  
*# F03000001315*  
**LOEWS ST. PETE HOTEL CORP**

**Directors**

Jonathan M. Tisch

**Address**

667 Madison Avenue, New York NY 10065

Jack S. Adler

667 Madison Avenue, New York NY 10065

**Officers**

Jonathan M. Tisch

Chairman & Chief  
Executive Officer

667 Madison Avenue, New York NY 10065

Jack S. Adler

President & Chief  
Operating Officer

667 Madison Avenue, New York NY 10065

Sherrie Laveroni

Executive Vice President  
Of Operations

667 Madison Avenue, New York NY 10065

Vincent F. Dunleavy

Executive Vice President  
Of Finance and Chief  
Financial Officer

667 Madison Avenue, New York NY 10065

Glyn Aeppel

Executive Vice President  
Acquisitions and  
Development

667 Madison Avenue, New York NY 10065

Alan Momeyer

Vice President

655 Madison Avenue, New York NY 10065

Susan T. Becker

Vice President

655 Madison Avenue, New York NY 10065

Gary W. Garson

Secretary

667 Madison Avenue, New York NY 10065

John J. Kenny

Treasurer

655 Madison Avenue, New York NY 10065

Denis R. Desmond

Assistant Treasurer

655 Madison Avenue, New York NY 10065

Glenn P. Zarin

Assistant Secretary

667 Madison Avenue, New York NY 10065

Kenneth J. Zinghini

Assistant Secretary

667 Madison Avenue, New York NY 10065