

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003616

FILED
Mar 10, 2004
Secretary of State

Entity Name: HOLLIDAY GP CORP.

Current Principal Place of Business:

ONE POST OAK CENTRAL
2000 POST OAK BLVD., SUITE 2000
HOUSTON, TX 77056

New Principal Place of Business:

Current Mailing Address:

ONE POST OAK CENTRAL
2000 POST OAK BLVD., SUITE 2000
HOUSTON, TX 77056

New Mailing Address:

FEI Number: 27-0057192 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PELUSI, JOHN H JR.
Address: 429 FOURTH AVE., SUITE 200
City-St-Zip: PITTSBURGH, PA 15219

Title: VSD () Delete
Name: GIBSON, MARK
Address: 2000 POST OAK BLVD., SUITE 2000
City-St-Zip: HOUSTON, TX 77056

Title: V () Delete
Name: CURTIS, DON
Address: 3501 JAMBOREE ROAD, SUITE 4200
City-St-Zip: NEWPORT BEACH, FL 92660

Title: V () Delete
Name: CUCCIA, ANTONY
Address: RARITAN PLAZA I, 4TH FLOOR, RARITAN CNTR.
City-St-Zip: EDISON, NJ 08837

Title: V () Delete
Name: KELLER, DAVID
Address: ONE NORTH PENNSYLVANIA, SUITE 1050
City-St-Zip: INDIANAPOLIS, IN 46204

Title: TD () Delete
Name: FOWLER, JOHN
Address: ONE POST OFFICE SQUARE, SUITE 3500
City-St-Zip: BOSTON, MA 02109

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:

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Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANCY GOODSON

COO

03/10/2004

Electronic Signature of Signing Officer or Director

_____ Date