2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2007 8:00 am Secretary of State **DOCUMENT # F03000003616** 05-01-2007 90016 026 ***150.00 HOLLIDAY GP CORP. Principal Place of Business Mailing Address 411024000 ONE POST OAK CENTRAL **429 FOURTH AVENUE** 2000 POST OAK BLVD., SUITE 2000 SUITE 200 HOUSTON, TX 77056 PITTSBURGH, PA 15219 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9 Greenway Plaza 301 Grant Street Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 Chg-P CR2E034 (12/06) Suite 700 Suite 600 City & State City & State 4. FEI Number Applied For Pittsburgh Houston 27-0057192 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 15219 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 City 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 reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change . ■ Addition TITLE ☐ Delete TITLE one Oxford centre NAME PELUSI, JOHN H JR. NAME 301 Grant Street, Suite 600 STREET ADDRESS 429 FOURTH AVE., SUITE 200 STREET ADDRESS PITTSBURGH, PA 15219 Pittsburgh, PA 15219 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME GIBSON, MARK 8401 N. CENTRAL EXPWY, SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75225 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CURTIS, DON NAME 3333 MICHELSON DRIVE, SUITE 510 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **IRVINE, CA 92612** CITY-ST-ZIP ☐ Delete Change TITLE ☐ Addition CUCCIA, ANTONY Cuccia, Anthony NAME NAME STREET ADDRESS 200 PARK AVENUE, SUITE 220 STREET ADDRESS 200 park Avenue, Suite 110 CITY - ST - ZIP FLORHAM PARK, NJ 07932 CITY-ST-ZIP Florham Park NJ 07432 TITLE ☐ Delete TITLE Change ☐ Addition NAME KELLER, DAVID NAME STREET ADDRESS ONE INDIANA SQUARE, SUITE 1330 STREET ADDRESS INDIANAPOLIS, IN 46204 CITY-ST-ZIP CITY-ST-ZIP TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition NAME FOWLER, JOHN ONE POST OFFICE SQUARE, SUITE 3500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02109 CITY - ST - ZIP 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 amplifying the proposed besecute 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 ay either like empowered. John H. Pelysi Jr. President 4/26/07 SIGNATURE: INTED NAME OF SIGNING OFFICER OR DIRECTOR

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