


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90107 036 ***150.00

DOCUMENT # F06000000765					
1. Entity Name STARWOOD HOTELS & RESORTS MANAGEMENT COMPANY, INC.					
Principal Place of Business 1111 WESTCHESTER AVE WHITE PLAINS, NY 10604			Mailing Address 1111 WESTCHESTER AVE WHITE PLAINS, NY 10604		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2231 E. Camelback Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 400			
City & State		City & State Phoenix AZ			
Zip	Country	Zip 85016	Country USA	4. FEI Number 20-2447831	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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's signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE DP	NAME DARNALL, THEODORE W		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 1111 WESTCHESTER AVE	WHITE PLAINS, NY 10604				
CITY - ST - ZIP	WHITE PLAINS, NY 10604				
TITLE D	NAME DONAT, MARSHALL J		<input type="checkbox"/> Delete		
STREET ADDRESS 1111 WESTCHESTER AVE	WHITE PLAINS, NY 10604				
CITY - ST - ZIP	WHITE PLAINS, NY 10604				
TITLE D	NAME MORROW, PETER		<input type="checkbox"/> Delete		
STREET ADDRESS 2331 E CAMELBACK RD SUITE 400	PHOENIX, AZ 85016				
CITY - ST - ZIP	PHOENIX, AZ 85016				
TITLE V	NAME FINKELSTEIN, JARED T		<input type="checkbox"/> Delete		
STREET ADDRESS 1111 WESTCHESTER AVE	WHITE PLAINS, NY 10604				
CITY - ST - ZIP	WHITE PLAINS, NY 10604				
TITLE S	NAME SIEGEL, KENNETH S		<input type="checkbox"/> Delete		
STREET ADDRESS 1111 WESTCHESTER AVE	WHITE PLAINS, NY 10604				
CITY - ST - ZIP	WHITE PLAINS, NY 10604				
TITLE T	NAME DREW, JEFF S		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 1111 WESTCHESTER AVE	WHITE PLAINS, NY 10604				
CITY - ST - ZIP	WHITE PLAINS, NY 10604				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE P	NAME Raymond L. Gellein		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS (same address)	(same address)				
CITY - ST - ZIP	(same address)				
TITLE VAS	NAME (same)		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS (same)	(same)				
CITY - ST - ZIP	(same)				
TITLE VAT	NAME (same)		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS (same)	(same)				
CITY - ST - ZIP	(same)				
TITLE VASD	NAME (same)		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS (same)	(same)				
CITY - ST - ZIP	(same)				
TITLE VSD	NAME (same)		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS (same)	(same)				
CITY - ST - ZIP	(same)				
TITLE VT	NAME Steve Schiffman		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS (same address)	(same address)				
CITY - ST - ZIP	(same address)				
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: <u>Peter Morrow</u> <u>4/20/07</u> <u>(602) 852-3900</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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