
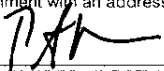


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90092 031 \*\*\*150.00

<b>DOCUMENT # F0600000765</b>					
<b>1. Entity Name</b> STARWOOD HOTELS & RESORTS MANAGEMENT COMPANY, INC.					
<b>Principal Place of Business</b> 1111 WESTCHESTER AVE WHITE PLAINS, NY 10604			<b>Mailing Address</b> 2231 E. CAMELBACK RD. STE 400 PHOENIX, AZ 85016		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-2447831	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b>		
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		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> GELLEIN, RAYMOND L <b>STREET ADDRESS</b> 1111 WESTCHESTER AVE <b>CITY-ST-ZIP</b> WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> Michael Dajlidko <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VAS <b>NAME</b> DONAT, MARSHALL J <b>STREET ADDRESS</b> 1111 WESTCHESTER AVE <b>CITY-ST-ZIP</b> WHITE PLAINS, NY 10604	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VAT <b>NAME</b> MORROW, PETER <b>STREET ADDRESS</b> 2331 E CAMELBACK RD SUITE 400 <b>CITY-ST-ZIP</b> PHOENIX, AZ 85016	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VASD <b>NAME</b> FINKELSTEIN, JARED T <b>STREET ADDRESS</b> 1111 WESTCHESTER AVE <b>CITY-ST-ZIP</b> WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VSD <b>NAME</b> SIEGEL, KENNETH S <b>STREET ADDRESS</b> 1111 WESTCHESTER AVE <b>CITY-ST-ZIP</b> WHITE PLAINS, NY 10604	<input type="checkbox"/> Delete		<b>TITLE</b> PSD <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VT <b>NAME</b> SCHIFFMAN, STEVE <b>STREET ADDRESS</b> 1111 WESTCHESTER AVE <b>CITY-ST-ZIP</b> WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VTD <b>NAME</b> Vasant M. Prabhu <b>STREET ADDRESS</b> 1111 Westchester Ave. <b>CITY-ST-ZIP</b> White Plains, NY 10604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>  <b>Peter Morrow</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>(602) 852-3900</b> Daytime Phone #	

40089094



04222008 Chg-P CR2E034 (12/06)

**4. FEI Number**  
20-2447831

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

<b>TITLE</b> P <b>NAME</b> GELLEIN, RAYMOND L <b>STREET ADDRESS</b> 1111 WESTCHESTER AVE <b>CITY-ST-ZIP</b> WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> VAS <b>NAME</b> DONAT, MARSHALL J <b>STREET ADDRESS</b> 1111 WESTCHESTER AVE <b>CITY-ST-ZIP</b> WHITE PLAINS, NY 10604	<input type="checkbox"/> Delete
<b>TITLE</b> VAT <b>NAME</b> MORROW, PETER <b>STREET ADDRESS</b> 2331 E CAMELBACK RD SUITE 400 <b>CITY-ST-ZIP</b> PHOENIX, AZ 85016	<input type="checkbox"/> Delete
<b>TITLE</b> VASD <b>NAME</b> FINKELSTEIN, JARED T <b>STREET ADDRESS</b> 1111 WESTCHESTER AVE <b>CITY-ST-ZIP</b> WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> VSD <b>NAME</b> SIEGEL, KENNETH S <b>STREET ADDRESS</b> 1111 WESTCHESTER AVE <b>CITY-ST-ZIP</b> WHITE PLAINS, NY 10604	<input type="checkbox"/> Delete
<b>TITLE</b> VT <b>NAME</b> SCHIFFMAN, STEVE <b>STREET ADDRESS</b> 1111 WESTCHESTER AVE <b>CITY-ST-ZIP</b> WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<b>TITLE</b> VD <b>NAME</b> Michael Dajlidko <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> PSD <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VTD <b>NAME</b> Vasant M. Prabhu <b>STREET ADDRESS</b> 1111 Westchester Ave. <b>CITY-ST-ZIP</b> White Plains, NY 10604	<input type="checkbox"/> Change <input checked="" 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #