

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90024 006 ***150.00

DOCUMENT # F06000005099

1. Entity Name
FAIRMONT HOTELS & RESORTS (U.S.) INC.



40102595

Principal Place of Business
**650 CALIFORNIA STREET
12TH FLOOR
SAN FRANCISCO, CA 94108**

Mailing Address
**100 WELLINGTON STREET WEST
SUITE 1600
TORONTO, ONTARIO CANADA, OC**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152008

Chg-P

CR2E034 (12/06)

4. FEI Number
98-0209359

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
FATT, WILLIAM R
100 WELLINGTON STREET W., STE 1600
TORONTO, ONTARIO CANADA,** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCFO
John A. Carnella
100 Wellington Street W., Ste 1600
Toronto, Ontario, Canada** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CAHILL, CHRIS J
100 WELLINGTON STREET WEST, SUITE 1600
TORONTO, ONTARIO CANADA,** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DEVP
Badour, Terence P.
100 Wellington Street, Suite 1600
Toronto, Ontario, Canada** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GRIFFITHS, THOMAS C
100 WELLINGTON STREET WEST, SUITE 1600
TORONTO, ONTARIO CANADA,** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
KILNER, BARBARA D
100 WELLINGTON STREET WEST, SUITE 1600
TORONTO, ONTARIO CANADA,** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MCDIARMID, BRIAN R
100 WELLINGTON STREET WEST, SUITE 1600
TORONTO, ONTARIO CANADA,** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP+T
Jacobs, Kevin J.
100 Wellington Street West, Suite 1600
Toronto, Ontario, Canada** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MCMULLAN, PAULA A
100 WELLINGTON STREET W., STE 1600
TORONTO, ONTARIO, CANADA,** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 #

April 21, 2008

416 874 2600