

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000000135 (4)**

1. Corporation Name

**HILTON GRAND VACATIONS EXCHANGE COMPANY**



Principal Place of Business

Mailing Address

6355 METROWEST BLVD.  
SUITE 180  
ORLANDO FL 32835

6355 METROWEST BLVD.  
SUITE 180  
ORLANDO FL 32835

3. Date Incorporated or Qualified  
**01/11/1993**

3a. Date of Last Report  
**04/04/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-3170718**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TENBROEK, ALLEN G  
6355 METROWEST BLVD  
STE 180  
ORLANDO FL 32835

81 Name

**Donald L. Harrill**

82 Street Address (P.O. Box Number is Not Acceptable)

**6355 MetroWest Blvd., Suite 180  
Orlando, Florida 32835**

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Donald L. Harrill*

**Donald L. Harrill, President**

**4/19/96**

DATE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	TEN BROEK, ALLEN G	
STREET ADDRESS	6355 METROWEST BLVD / STE 180	
CITY - ST - ZIP	ORLANDO FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GILDERSLEEVE, LARRY B	
STREET ADDRESS	6355 METROWEST BLVD / STE 180	
CITY - ST - ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARRICATO, DAN	
STREET ADDRESS	6355 METROWEST BLVD / STE 180	
CITY - ST - ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MATTHEWS, THOMAS O	
STREET ADDRESS	6355 METROWEST BLVD / STE 180	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCMULLEN, EDWIN H SR	
STREET ADDRESS	6355 METROWEST BLVD / STE 180	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARBER, ROBLEY T SR	
STREET ADDRESS	6355 METROWEST BLVD / STE 180	
CITY - ST - ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donald L. Harrill	
1.3 STREET ADDRESS	6355 MetroWest Blvd., Ste. 180	
1.4 CITY - ST - ZIP	Orlando, FL 32835	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Russell G. Abell	
2.3 STREET ADDRESS	6355 MetroWest Blvd., Ste. 180	
2.4 CITY - ST - ZIP	Orlando, FL 32835	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robley T. Barber	
3.3 STREET ADDRESS	6355 MetroWest Blvd., Ste. 180	
3.4 CITY - ST - ZIP	Orlando, FL 32835	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Donald L. Harrill, President (407) 521-3100**

Date

Daytime Phone #

CR2E034 (12/95)