PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOO! MENT	44
DOCUMENT	#
 Corporation Name 	

Principal Place of Business

F9300000135 (4)

Mailing Address

HILTON GRAND VACATIONS EXCHANGE COMPANY

2. Principal Place of Suite, Apt. #, etc 2 City & State 3 Zip 24	Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State			4. FEI Number 59-3170718		Applied For
Suite, Apt. #, etc 12 City & State 3 Zip	Country	Suite, Apt. #, etc. 27 City & State		<u></u>	1 59-3170718		
City & State 3 Zip	Country	City & State					Not Applicable
City & State Zip		- ·			5. Certificate of Status Desired	101	3.75 Additional Fee Required
Zip		[00]			6. Election Campaign Financing	1 1	5.00 May Be
Zip		28			Trust Fund Contribution		Added to Fees
9.	11	Zip	Coun	try	8. This corporation has liability for in		iers 199.032,
9.	25		30		Florida Statutes Yes 10. Name and Address of New Re	_	
	Name and Address of Current	Registered Agent		31 Name	10. Name and Address of New Ne	glatered Agen	
				T	onald L. Harrill		
TENBROEK, ALLEN G 82			B2 Street A	et Address (P.O. Box Number is Not Acceptable)			
6355 METF	NOWEST BLVD		l.	83 €	3355 MetroWest Blvd	., Suit	,e-180-
STE 180			- '	°° C	rlando, Florida 3	2835	
ORLANDO	FL 32835		ļ ī	B4 City		FL 85	Zip Code
						and of changing	a ita sagistarad affic
11. Pursuant to the or registered ac	provisions of Sections 607.0502 a jent, or both, in the State of Florida id accept the obligations of, Socio	and 607.1508, Florida Statutes a. Such change was authorized in 607.0505, Florida Statutes.	, the abov by the co	e-named co orporation's l	rporation submits this statement for the purpoper of directors. I hereby accept the appo	intment as regis	tered agent. I am
	11 on I fam		d L.	Harri	11, President 4//	19/94	
SIGNATURE	ure, typed or printed name of registered agent as		Registered /	Agent signature re	gurred when reinstating)	DATE	E0T0D0 IN 40
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIR	
TITLE	PCD	🔀 DELÉTE	1.170	LE	PCD	K 1 o	ange 🗀 Ruddion
NAME	TEN BROEK, ALLEN G		1.2 NA	1	Donald L. Harrill		
STREET ADDRESS	6355 METROWEST BLVD / S	STE 180	13 STI	REET ADDRESS	6355 MetroWest Bly Orlando, Fl 32835	d., Ste	e. 180
CiTY-ST-ZIP	ORLANDO FL			Y-ST-ZIP			nange Addition
THLE	V	(₹) DELETE	2 1 10	ſLĒ	VP	X Cr	ange [] Addition
NAME	GILDERSLEEVE, LARRY B		2.2 NA		Russell G. Abell		100
STREET ADDRESS	6355 METROWEST BLVD / 8	STE 180	2 3 ST	REET ADDRESS	6355 MetroWest Blv		. 180
CITY-ST-ZIP	ORLANDO FL			Y-ST-ZIP	Orlando, F1 32835	ПС	nange 🔀 Addition
TITLE	S	DELETE	3 1 TI		VPD		winde (V) voorgan
NAME	CARRICATO, DAN		3.2 NA		Robley T. Barber 6355 MetroWest Blv	A C+4	180
STREET ADDRESS	6355 METROWEST BLVD / S	STE 180	3.3 S1	reet address			3. 100
CITY - ST - ZIP	ORLANDO FL			TY-ST-ZIP	Orlando, Fl 32835	, 	nange
TITLE	T	DELETE	4. 1 Ti			ال ال	The Little of the state of the
NAME	MATTHEWS, THOMAS O		4 2 NA				
STREET ADDRESS	6355 METROWEST BLVD / S	STE 180	4.3 ST	REET ADDRESS			
CITY-S1-ZIP	ORLANDO FL			IY-SI-ZIP		————	hange [] Addition
TITLE	D	☐ DELETE	5. 1 Ti			Π·	range E Auguston
NAME.	MCMULLEN, EDWIN H SR		5.2 NA				
STREET ADDRESS	6355 METROWEST BLVD /	STE 180		REET ADDRESS			
C:TY - ST - ZIP	ORLANDO FL	plane		TY-ST-ZIP			hange Addition
TITLE	VD	DELETE	6. 1 T			Ц·	isings
NAME	BARBER, ROBLEY T SR		62 N				
STREET ADDRESS	6355 METROWEST BLVD /	STE 180	1	IREET ADDRESS			
CITY - SI - ZIP	ORLANDO FL		64 C	TY-ST-ZIP	elik for the exemption stated in Costian 110	07(3)(k) Florida	Statutes I further
14. I do hereby ce	rtify that the information supplied v	vith this filing is voluntarily furnis al report or supplemental annu	sneo and al report i	does not qua s true and a	alify for the exemption stated in Section 119 courate and that my signature shall have the	same legal effe	ct as if made under
حجما فصطفأ بطفسما	n an officer or director of the corpo ock 12 or Block 13 if changed, or c	ration or the receiver or trustee	empowe	red to execu	te this report as required by Chapter 697, Fl	orida Statutes;	and that my name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SIGNATURE:**

Donald 1. Harrill, President (407) 521

CR2E034 (12/95)