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PROFIT CORPORATION ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300000135

HILTON GRAND VACATIONS EXCHANGE COMPANY

Principal Plac	ce of Business	Mailing Address	,					i Bo ille Ba lci i	IRKAI OOKUI IKROI	E 11541 BER 1881
6355 METROWEST BLVD. 6355 METROWEST			/D.						•	
SUITE 180 SUITE 180								- 01 - 110	0D40E	
ORLANDO FL 32835 ORLANDO FL 32835						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						1	Qualifed			
2 Principal F	Place of Business	2a. Mailing Address				01/11/1993 4. FEI Number				-E-4 F
21 21	lace of Business	26. Walling Address							_ 	plied For
Suite, Apt.	# etc.	Suite, Apt. #, etc.				59-3170718			\$8.75	ot Applicable
22		27			i	5. Certifcate of Status D	esired	Ž.		equired
City & Sta	te	City & State				6. Election Campaign Fi	nancina	<u>خى. مسمسم</u>		
23		28				Trust Fund Contributi	_		\$5.00 Added	
Zip	Country	Zip	Count	ry		8. This corporation owe:		nt veär Inta		
24	25	29	30			Personal Property Ta		,	Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address		gistered a	Agent	
		A company of the second	8	1 Nam	e			,	,	
DOI	NALD L. HARRILL		Я	2 Stre	at Addres	ss (P.O. Box Number is No	t Accentah	la\		
635	5 METROWEST BLVD. STE 180	*** <u>_</u>	١		st Audies			5 . 0a i		
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11. Pursuant office or	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 607.1508; Florida Statutes	es, the abouthorized b	ve-name y the co	ed corpora rporation	ation submits this statements board of directors. I here	nt for the probable by accept	urpose of the appoir	changing its itment as re	registered gistered
🧬 'agent. La										
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SIGNATURE	· // / //.	all'				rhen reinstating)		DATE	*****************	
	Signature speed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE: #						DATE	*****	
SIGNATURE	Signature yped or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE: 6	Registered Ag	ent signatu		then reinstating) ADDITIONS/CHANGES		DATE	*****	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 13 if changed, or on an attachment with an address, with all other like empowered. with an address, with all other like empowered

6.4 CITY-ST-ZIP

SIGNATURE:

C/TY-ST-ZIP

FILED

Feb 04, 1999 8:00am

Secretary of State

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