

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 04, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-04-1999 90004 023 \*\*\*\*158.75

**DOCUMENT # F93000000135**

1. Corporation Name  
**HILTON GRAND VACATIONS EXCHANGE COMPANY**

Principal Place of Business Mailing Address  
 6355 METROWEST BLVD. 6355 METROWEST BLVD.  
 SUITE 180 SUITE 180  
 ORLANDO FL 32835 ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

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

4. FEI Number Applied For  
**59-3170718** Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DONALD L. HARRILL**  
 6355 METROWEST BLVD. STE 180  
 STE 180  
 ORLANDO FL 32835

81 Name

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

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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE  DELETE

NAME **PCD DONALD L. HARRILL**

STREET ADDRESS **6355 METROWEST BLVD. STE 180**

CITY-ST-ZIP **ORLANDO FL**

TITLE  DELETE

NAME **VP PONTIUS, DAVID**

STREET ADDRESS **6355 METROWEST BLVD. STE. 180**

CITY-ST-ZIP **ORLANDO FL 32835**

TITLE  DELETE

NAME **S CARRICATO, DANIEL L.**

STREET ADDRESS **6355 METROWEST BLVD., SUITE 180**

CITY-ST-ZIP **ORLANDO FL**

TITLE  DELETE

NAME **T MEEKER, WILMER**

STREET ADDRESS **6355 METROWEST BLVD., STE. 180**

CITY-ST-ZIP **ORLANDO FL**

TITLE  DELETE

NAME **D DAGOT, ANTOINE**

STREET ADDRESS **6355 METROWEST BLVD., STE 180**

CITY-ST-ZIP **ORLANDO FL**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Donald L. Harrill**

1/20/99 (407) 521-3100  
 Date Daytime Phone #

CR2E034 (11/98)