FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001201 (3)**

1. Corporation Name
RIVIERA MANAGEMENT CORPORATION OF ORLANDO

Principal Place of Business	Mailing Address
180 N MICHIGAN AVE SUITE 200 CHICAGO IL 60601 US	180 N MICHIGAN AVE SUITE 200 CHICAGO IL 60601 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/02/1993
3a. Date of Last Report: 05/11/1994

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 36-2817474 ☐ Applied For ☐ 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 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	11 TITLE	Vice President	☒ Change ☐ Addition
NAME	HARVEY, DAVID W	12 NAME	Cynthia A. Mummery	
STREET ADDRESS	180 NORTH MICHIGAN AVENUE, SUITE 2000	13 STREET ADDRESS	180 N. Michigan Avenue, #200	
CITY-ST-ZIP	CHICAGO IL 60601	14 CITY-ST-ZIP	Chicago, Illinois 60601	
TITLE	VST	21 TITLE	Secretary	☒ Change ☐ Addition
NAME	LANGSNER, DAVID	22 NAME	David W. Harvey	
STREET ADDRESS	180 NORTH MICHIGAN AVENUE, SUITE 2000	23 STREET ADDRESS	180 N. Michigan Avenue, #200	
CITY-ST-ZIP	CHICAGO IL 60601	24 CITY-ST-ZIP	Chicago, Illinois 60601	
TITLE		31 TITLE	Treasurer	☒ Change ☐ Addition
NAME		32 NAME	Thomas Harrigan	
STREET ADDRESS		33 STREET ADDRESS	180 N. Michigan Avenue, #200	
CITY-ST-ZIP		34 CITY-ST-ZIP	Chicago, Illinois 60601	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 added by an amendment with an address.

SIGNATURE: David W. Harvey 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0447843 FP