## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F9300003600

1. Entity Name

HALLMARK HOTELS, INC.



FILED Feb 25, 2008 08:00 AM Secretary of State

Principal Place of Business

C/O ANGELO DE CICCÓ, PRESIDENT 1 WILDWOOD LANE AMHERST, NH 03031 Mailing Address

C/O ANGELO DE CICCO, PRESIDENT 1 WILDWOOD LANE AMHERST, NH 03031



## DO NOT WRITE IN THIS SPACE

02212008 No Chg-P		CR2E034 (11/05)		
4. FEI Number 02-0334456			Applied For	
			Not Applicable	
5. Certificate of	of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_(

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE  Signature. Typed or printed name of registered agent and late if applicable (ANDE: Registered Agent signature required when reinstating)  DATE: 9  ADD AGENTS AND STRUCTURE OF STRUCTURE						
THE RESERVE THE PARTY OF THE PA						
		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTOR	S				
TITLE	PD					
NAME	DE CICCO, ANGELO					
STREET ADDRESS						
CITY-ST-ZIP	AMHERST, NH 03031					
IIILE	STD					
NAME Street addiness	DE CICCO, SANDRA S 1 WILDWOOD LANE					
City-St-ZIP	AMHERST, NH 03031			H00000835771		
TITLE	7(4) (E/G1, 1411 0303)			U00000835771 02/29/08-80048-011 150.00		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information						
indicated on this report or supplemental 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 10 or Block 11 if						

ING OFFICER OR DIRECTOR