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**Mar 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F93000005602 (8)

**1. Corporation Name
HOTEL PARTNERS, INC.**



Principal Place of Business Mailing Address
400 N. MICHIGAN AVE. SUITE 1510 CHICAGO IL 60611
400 N. MICHIGAN AVE. SUITE 1510 CHICAGO IL 60611-4103

3. Date Incorporated or Qualified 12/09/1993
3a. Date of Last Report 03/27/1996

2. Principal Place of Business 2a. Mailing Address
21 400 N. Michigan Ave. Suite, Apt. #, etc. 22 Suite 800 City & State Chicago, IL Zip 60611 25 USA
26 400 N. Michigan Ave. Suite, Apt. #, etc. 27 Suite 800 City & State Chicago, IL Zip 60611 29 USA 30 USA

4. FEI Number 36-3840558
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
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> DELETE
NAME	GUDENAU, WILLIAM	
STREET ADDRESS	400 N. MICHIGAN AVE., #1510	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, PAUL	
STREET ADDRESS	400 N. MICHIGAN AVE., #1510	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/T/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gudenau, William J.	
1.3 STREET ADDRESS	400 N. Michigan Ave., #800	
1.4 CITY-ST-ZIP	Chicago, IL 60601	
2.1 TITLE	D/V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Russell Urban	
2.3 STREET ADDRESS	1401 Dove St., #500	
2.4 CITY-ST-ZIP	Newport Beach, CA 92660	
3.1 TITLE	Asst. Secr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Guy E. Snyder	
3.3 STREET ADDRESS	222 N. LaSalle St., #2600	
3.4 CITY-ST-ZIP	Chicago, IL 60601	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *William Gudenau* 2/17/97 (312) 661-0316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)