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

(1)

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 APR 13 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005602 (8)

1. Corporation Name

Hotel Partners, Inc.

Principal Place of Business	Mailing Address
400 N. Michigan Ave. Suite 800 Chicago, IL 60611	400 N. Michigan Ave. Suite 800 Chicago, IL 60611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/9/93

2. Principal Place of Business	2a. Mailing Address
21 400 N. Michigan Ave.	26 400 N. Michigan Ave.
Suite, Apt. #, etc. 22 Suite 800	Suite, Apt. #, etc. 27 Suite 800
City & State 23 Chicago, IL	City & State 28 Chicago, IL
Zip 24 60611 Country 25 USA	Zip 29 60611 Country 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
The Prentice-Hall Corporation System Inc. 1201 Hays Street Suite 105 Tallahassee, FL 32301	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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/T/C	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Gudenau, William J.		12 NAME	
STREET ADDRESS	400 N. Michigan Ave., #800		13 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60611		14 CITY-ST-ZIP	
TITLE	D/P	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Jones, Paul		22 NAME	
STREET ADDRESS	2496 Jett Ferry Rd., #100		23 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30338		24 CITY-ST-ZIP	
TITLE	D/V	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Russell Urban		32 NAME	
STREET ADDRESS	1401 Dove St., #500		33 STREET ADDRESS	
CITY-ST-ZIP	Newport Beach, CA 92660		34 CITY-ST-ZIP	
TITLE	S	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Guy E. Snyder		42 NAME	300000248657 3--2
STREET ADDRESS	222 N. LaSalle St., #2400		43 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60611		44 CITY-ST-ZIP	
TITLE	V	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	David Kuske		52 NAME	
STREET ADDRESS	400 N. Michigan Ave., #800		53 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60611		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: _____ David Kuske 4/7/98 312/661-0316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 778276 4304557

AUTHORIZATION : Patricia Pyzik

COST LIMIT : $ 150.00

ORDER DATE : April 10, 1998

ORDER TIME : 9:44 AM

ORDER NO. : 778276-005

CUSTOMER NO: 4304557

CUSTOMER: Halina A. Feola, Legal Asst
Vedder, Price, Kaufman &
222 North Lasalle Street
Suite 2600
Chicago, IL 606011003

ANNUAL REPORT FILING

NAME: HOTEL PARTNERS, INC.

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrew Cumper.

EXAMINER'S INITIALS: _____