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
400 N. Michigan Ave.
Suite 800
Chicago, IL 60611

Mailing Address
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
21 400 N. Michigan Ave.
Suite, Apt. #, etc.
22 Suite 800
City & State
23 Chicago, IL
Zip 24 60611 Country 25 USA

2a. Mailing Address
26 400 N. Michigan Ave.
Suite, Apt. #, etc.
27 Suite 800
City & State
28 Chicago, IL
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

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	D/T/C	☐ DELETE
NAME	Gudenau, William J.	
STREET ADDRESS	400 N. Michigan Ave., #800	
CITY-ST-ZIP	Chicago, IL 60611	
TITLE	D/P	☐ DELETE
NAME	Jones, Paul	
STREET ADDRESS	2496 Jett Ferry Rd., #100	
CITY-ST-ZIP	Atlanta, GA 30338	
TITLE	D/V	☐ DELETE
NAME	Russell Urban	
STREET ADDRESS	1401 Dove St., #500	
CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE	S	☐ DELETE
NAME	Guy E. Snyder	
STREET ADDRESS	222 N. LaSalle St., #2400	
CITY-ST-ZIP	Chicago, IL 60611	
TITLE	V	☐ DELETE
NAME	David Kuske	
STREET ADDRESS	400 N. Michigan Ave., #800	
CITY-ST-ZIP	Chicago, IL 60611	
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	300000248657 3--2	
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.

SIGNATURE: David Kuske — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/7/98 Date — 312/661-0316 Daytime Phone #

CR2E034 (10/97)

(2)

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 778276 4304557

AUTHORIZATION : Patricia Pizzuto

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: _____

98 APR 13 PM 12:14
DIVISION OF CORPORATION