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

DOCUMENT # **F93000005958 (4)**

1. Corporation Name
KSL HOTEL CORP.

FILED
95 FEB 17 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
56 - 140 PGA WEST BLVD. LA QUINTA CA 92253	56 - 140 PGA WEST BLVD. LA QUINTA CA 92253

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/30/1993	3a. Date of Last Report: 06/10/1994
4. FEI Number: 33-0591433	☐ 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	

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

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131

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 _____ 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	CPS	1.1 TITLE	DV	☒ Change ☐ Addition
NAME	SHANNON, MICHAEL S	1.2 NAME		
STREET ADDRESS	56 - 140 PGA WEST BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	LA QUINTA CA 92253	1.4 CITY-ST-ZIP		
TITLE	DVT	2.1 TITLE		☐ Change ☐ Addition
NAME	LICHLITER, LARRY E	2.2 NAME		
STREET ADDRESS	56 - 140 PGA WEST BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	LA QUINTA CA 92253	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	P	☐ Change ☒ Addition
NAME		3.2 NAME	HANS TURNOVSZKY	
STREET ADDRESS		3.3 STREET ADDRESS	4400 N.W. 87th Avenue	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33178	
TITLE		4.1 TITLE	V	☐ Change ☒ Addition
NAME		4.2 NAME	RONALD A. ADELHELM	
STREET ADDRESS		4.3 STREET ADDRESS	4400 N.W. 87th Avenue	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33178	
TITLE		5.1 TITLE	V	☐ Change ☒ Addition
NAME		5.2 NAME	ROBERT C. FRAME	
STREET ADDRESS		5.3 STREET ADDRESS	56-140 PGA Boulevard	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	La Quinta, CA 92253	
TITLE		6.1 TITLE	S	☐ Change ☒ Addition
NAME		6.2 NAME	NOLA S. DYAL	
STREET ADDRESS		6.3 STREET ADDRESS	56-140 PGA Boulevard	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	La Quinta, CA 92253	

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 on an attachment with an address.

SIGNATURE: Larry E Lichliter Larry E. Lichliter 2/1/95 (619) 564-1088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401668 FN