

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

DOCUMENT # F94000001466

1. Entity Name

**HTS-Key West, Inc.**

02 AUG -7 PM 12: 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**200 W. Madison**

3. Mailing Address  
**200 W. Madison**

Suite, Apt. #, etc.  
**41st Floor**

Suite, Apt. #, etc.  
**41st Floor**

City & State  
**Chicago, IL**

City & State  
**Chicago, IL**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**36-3942758**

Applied For  
Not Applicable

Zip  
**60606**

Country  
**USA**

Zip  
**60606**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**The Prentice-Hall Corporation System, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**1201 Hayes Street, Suite 105**

City **Tallahassee** FL Zip Code **32301**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust-Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

|   |   |
|---|---|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>Pritzker, Nicholas J.<br/>200 W. Madison<br/>Chicago, IL 60606</b>       |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSTD<br/>Handelsman, Harold S.<br/>200 W. Madison<br/>Chicago, IL 60606</b>    |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>Hays, Sara<br/>200 W. Madison<br/>Chicago, IL 60606</b>                  |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>Pritzker, Thomas J.<br/>200 W. Madison<br/>Chicago, IL 60606</b>         |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>Cheverton, Ian<br/>450 Carillon Parkway<br/>St. Petersburg, FL 33716</b> |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>Borg, Frank<br/>200 W. Madison<br/>Chicago, IL 60606</b>                 |

|   |                                       |
|---|---------------------------------------|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>200006945452</b>                   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Harold S. Handelsman, VP, Secy. & Treas.**

8/2/02  
Date

312-750-1234  
Daytime Phone #

CR2E034B (12/01)



ACCOUNT NO. : 072100000032

REFERENCE : 679138 . . 4322610

AUTHORIZATION :

COST LIMIT : \$ 550.00

*Patricia T. T. T.*

ORDER DATE : July 25, 2002

ORDER TIME : 10:36 AM

ORDER NO. : 679138-005

CUSTOMER NO: 4322610

CUSTOMER: Ms. Charmaine R. Black  
Hyatt Hotels Corporation  
200 West Madison Street

Chicago, IL 60606

RECEIVED  
02 AUG -7 AM 11:42  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: HTS-KEY WEST, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: \_\_\_\_\_