

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90214 049 ***150.00

DOCUMENT # F94000001466

1. Entity Name
HTS-KEY WEST, INC.



Principal Place of Business

**200 W. MADISON
41ST FLOOR
CHICAGO, IL 60606**

Mailing Address

**200 W. MADISON
41ST FLOOR
CHICAGO, IL 60606**

34070765



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

36-3942758

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYES ST
SUITE 105
TALLAHASSEE, FL 32301**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PRITZKER, NICHOLAS J	
STREET ADDRESS	200 W. MADISON	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	HANDELSMAN, HAROLD S	
STREET ADDRESS	200 W. MADISON	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HAYS, SARA	
STREET ADDRESS	200 W. MADISON	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRITZER, THOMAS J	
STREET ADDRESS	200 W. MADISON	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHEVERTON, IAN	
STREET ADDRESS	450 CARILLON PARKWAY	
CITY-ST-ZIP	ST.PETERSBURG, FL 33716	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BORG, FRANK	
STREET ADDRESS	200 W. MADISON	
CITY-ST-ZIP	CHICAGO, IL 60606	

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas Goga	
STREET ADDRESS	200 West madison	
CITY-ST-ZIP	chicago, IL 60606	
TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kirk Rose	
STREET ADDRESS	200 West madison	
CITY-ST-ZIP	chicago, IL 60606	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christine maki	
STREET ADDRESS	200 West madison	
CITY-ST-ZIP	chicago, IL 60606	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tracy Gainer	
STREET ADDRESS	200 West madison	
CITY-ST-ZIP	chicago, IL 60606	
TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Handelsman, Harold S.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harold S. Handelsman 4/28/04 312-750-1884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #