2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# F94000001466

Entity Name: HTS-KEY WEST, INC.

Current Principal Place of Business:

71 S WACKER DRIVE
LEGAL DEPT. 14TH FLOOR
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

71 S WACKER DRIVE
LEGAL DEPT. 14TH FLOOR
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 36-3942758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: HANDELSMAN, HAROLD S
Address: 71 S WACKER DRIVE
City-St-Zip: CHICAGO, IL 60606

Title: DVT ( ) Delete
Name: ROSE, KIRK A
Address: 71 S WACKER DRIVE
City-St-Zip: CHICAGO, IL 60606

Title: V ( ) Delete
Name: MAKI, CHRISTINE
Address: 71 S WACKER DRIVE
City-St-Zip: CHICAGO, IL 60606

Title: V ( ) Delete
Name: GAINER, TRACY
Address: 450 CARILLON PKWY
City-St-Zip: ST PETERSBURG, FL 33716

Title: AS ( ) Delete
Name: SMITH, SUSAN T
Address: 71 S WACKER DRIVE
City-St-Zip: CHICAGO, IL 60606

Title: AS ( ) Delete
Name: TURILLI, MARY J
Address: 71 S WACKER DRIVE
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: MAKI, CHRISTINE M
Address: 71 S WACKER DRIVE
City-St-Zip: CHICAGO, IL 60606

Title: V (X) Change ( ) Addition
Name: GAINER, TRACY
Address: 71 S WACKER DRIVE
City-St-Zip: CHICAGO, IL 60606

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY J. TURILLI AS 04/03/2007

Electronic Signature of Signing Officer or Director — Date