FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90174 014 ***150.00

DOCUMENT # F94000001466

1. Entity Name
HTS-Key West, Inc.

DO NOT WRITE IN THIS SPACE

11009787

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2. Principal Place of Business	3. Mailing Address
200 West Madison Street	200 West Madison Street
Suite, Apt. #, etc.: 41st Floor	Suite, Apt. #, etc.: 41st Floor
City & State: Chicago, IL	City & State: Chicago, IL
Zip: 60606 Country: USA	Zip: 60606 Country: USA

4. FEI Number: 36-3942758 ☐ Applied For ☐ Not Applicable

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

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Geoga, Douglas
STREET ADDRESS	200 West Madison Street
CITY-ST-ZIP	Chicago, IL 60606
TITLE	V/S/D
NAME	Handelsman, Harold S.
STREET ADDRESS	200 West Madison Street
CITY-ST-ZIP	Chicago, IL 60606
TITLE	V
NAME	Cheverton, Ian
STREET ADDRESS	200 West Madison Street
CITY-ST-ZIP	Chicago, IL 60606
TITLE	V/T
NAME	Rose, Kirk
STREET ADDRESS	200 West Madison Street
CITY-ST-ZIP	Chicago, IL 60606
TITLE	V
NAME	Maki, Christine
STREET ADDRESS	200 West Madison Street
CITY-ST-ZIP	Chicago, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-3-03 312-750-8162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kirk Rose, VP & Treasurer