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**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

95 APR 27 PM 12:43

DOCUMENT # F94000001743 (3)

1. Corporation Name

HYATT VACATION OWNERSHIP, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**200 W. MADISON, STE 4100
CHICAGO IL 60606**

Mailing Address

**200 W. MADISON, STE 4100
CHICAGO IL 60606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

36-3878044

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. 109.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81

Name

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

82

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

1201 HAYS STREET

83

SUITE 105

84

City

TALLAHASSEE

FL

Zip Code

32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PRITZKER, THOMAS J
STREET ADDRESS	200 W. MADISON
CITY - ST - ZIP	CHICAGO IL
TITLE	VD
NAME	PRITZKER, NICHOLAS J
STREET ADDRESS	200 W. MADISON
CITY - ST - ZIP	CHICAGO IL
TITLE	VD
NAME	HANDELSMAN, HAROLD S
STREET ADDRESS	200 W. MADISON
CITY - ST - ZIP	CHICAGO IL
TITLE	S
NAME	CONNOLLY, PETER D
STREET ADDRESS	200 W. MADISON
CITY - ST - ZIP	CHICAGO IL
TITLE	T
NAME	BORG, FRANK
STREET ADDRESS	200 W. MADISON
CITY - ST - ZIP	CHICAGO IL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director only	☒ Change ☐ Addition
1.2 NAME	Thomas J. Pritzker	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Chrm. Board & Director	☒ Change ☐ Addition
2.2 NAME	Nicholas J. Pritzker	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	President	☐ Change ☒ Addition
6.2 NAME	Douglas Geoga	
6.3 STREET ADDRESS	200 West Madison	
6.4 CITY - ST - ZIP	Chicago, IL 60606	

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)(b), 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:

Kenneth R. Posner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kenneth R. Posner, Vice-President

April 11, 1995 312-750-1234

Date

Telephone Number