

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 12 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002376 (1)
 1. Corporation Name
HYATT VACATION MANAGEMENT CORPORATION



Principal Place of Business 200 WEST MADISON ST. 41ST FLOOR CHICAGO IL 60606	Mailing Address 200 WEST MADISON ST. 41ST FLOOR CHICAGO IL 60606
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/09/1994	3a. Date of Last Report 04/24/1996
4. FEI Number 36-3950778	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEMS INC
 1201 HAYES ST
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinsating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	PRITZKER, THOMAS J
STREET ADDRESS	200 W. MADISON
CITY-ST-ZIP	CHICAGO IL 60606
TITLE	DV <input type="checkbox"/> DELETE
NAME	HANDELSMAN, HAROLD S
STREET ADDRESS	200 W. MADISON
CITY-ST-ZIP	CHICAGO IL 60606
TITLE	CD <input type="checkbox"/> DELETE
NAME	PRITZKER, NICHOLAS J
STREET ADDRESS	200 W. MADISON
CITY-ST-ZIP	CHICAGO IL 60606
TITLE	S <input type="checkbox"/> DELETE
NAME	CONNOLLY, PETER D
STREET ADDRESS	200 W. MADISON
CITY-ST-ZIP	CHICAGO IL 60606
TITLE	V <input type="checkbox"/> DELETE
NAME	POSNER, KENNETH R
STREET ADDRESS	200 W. MADISON
CITY-ST-ZIP	CHICAGO IL 60606
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	BORG, FRANK
STREET ADDRESS	200 W. MADISON
CITY-ST-ZIP	CHICAGO IL 60606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P Douglas Geoga
4.3 STREET ADDRESS	200 W. Madison
4.4 CITY-ST-ZIP	Chicago, IL 60606
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VT
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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:  7-29-97

CR2E034 (4/97)