03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 29 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002376

1. Entity Name

Hyatt Vacation Management Corporation

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 W. Madison	200 W. Madison
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: 36-3950778 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: The Prentice-Hall Corporation Systems, 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: D/P NAME: Douglas Geoga STREET ADDRESS: 200 W. Madison CITY-ST-ZIP: Chicago, IL 60606	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 600017222575 04/28/03--01133--005 **150.00
TITLE: C/D NAME: Nicholas J. Pritzker STREET ADDRESS: 200 W. Madison, Chicago, IL 60606 CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 600017222575 04/28/03--01133--005 **150.00
TITLE: D/V/S NAME: Harold S. Handelsman STREET ADDRESS: 200 W. Madison, Chicago, IL 60606 CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **DO NOT WRITE**
TITLE: V NAME: John Burlingame STREET ADDRESS: 200 W. Madison, Chicago, IL 60606 CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **IN THIS SPACE**
TITLE: V/T NAME: Kirk Rose STREET ADDRESS: 200 W. Madison, Chicago, IL 60606 CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: V NAME: Christine Maki STREET ADDRESS: 200 W. Madison, Chicago, IL 60606 CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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: H Handelsman 4/24/03 312-750-8160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Harold S. Handelsman, VP & Secretary

JF 4/30