**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

APPROVED AND FILED

95 MAY -1 AM 9:13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

**1995**

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

DOCUMENT # **F94000002885 (1)**

1. Corporate Name

**COLONY HOTELS AND RESORTS COMPANY**

Principal Place of Business

FOSTER PLAZA X, 680 ANDERSON DR.
PITTSBURGH PA 15220

Mailing Address

FOSTER PLAZA X, 680 ANDERSON DR.
PITTSBURGH PA 15220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 06/01/1994

3a. Date of Last Report: Initial Report

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 25-1732119 — Applied For / Not Applicable

State, Apt. # or Ste. — 22

State, Apt. # or Ste. — 27

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

City, State — 23

City, State — 28

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

Zip — 24 — 25

Country — 29 — 30

6. Does corporation, total, be changed to code 5 [illegible] Florida Statutes [ ] yes [ ] no

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 Section [illegible] 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. The corporation is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section [illegible] Florida Statutes.

Signature

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| Title | CD |
| Name | FINE, MILTON |
| Street Address | FOSTER PLAZA X, 680 ANDERSON DR. |
| City, State, Zip | PITTSBURGH PA |
| Title | P |
| Name | KLEISNER, FREDERICK J |
| Street Address | FOSTER PLAZA X, 680 ANDERSON DR. |
| City, State, Zip | PITTSBURGH PA |
| Title | V |
| Name | CIAFFONE, HENRY |
| Street Address | FOSTER PLAZA X, 680 ANDERSON DR. |
| City, State, Zip | PITTSBURGH PA |
| Title | V |
| Name | RABIDOUX, MICHAEL |
| Street Address | FOSTER PLAZA X, 680 ANDERSON DR. |
| City, State, Zip | PITTSBURGH PA |
| Title | ~~V~~ |
| Name | ~~ETTINGER, GARY~~ |
| Street Address | ~~FOSTER PLAZA X, 680 ANDERSON DR.~~ |
| City, State, Zip | ~~PITTSBURGH PA~~ |
| Title | V |
| Name | HLAVEK, KENNETH |
| Street Address | FOSTER PLAZA X, 680 ANDERSON DR. |
| City, State, Zip | PITTSBURGH PA |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition — Delete

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is validly formatted and does not qualify for the exemption stated in Section [illegible] Florida Statutes. I further certify that the information includes the annual report or supplemental annual report, if filed, and is complete and that my signature shall have the same legal effect and validity as a manual signature. I further certify that I am a director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter [illegible] Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or I am filing with an officer.

**SIGNATURE:** Vice President 11/26/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

Michael Rabidoux

0001944 CP