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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000005195 (2)

1. Corporation Name
HUDSON HOTELS CORPORATION

Principal Place of Business
1 AIRPORT WAY, #200
ROCHESTER NY 14624

Mailing Address
1 AIRPORT WAY, #200
ROCHESTER NY 14624-3180



3. Date Incorporated or Qualified 10/06/1994
3a. Date of Last Report 03/26/1996

| | | | |
|--------------------------------|------------------------|---|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 16-1312167 | Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 Country | 29 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | Yes No |

9. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
842 E. PARK AVE.
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 |
| 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 reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|--|
| TITLE | DC | 1.1 TITLE | |
| NAME | WILSON, E A | 1.2 NAME | |
| STREET ADDRESS | 929 MIDTOWN TOWER | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY 14604 | 1.4 CITY-ST-ZIP | |
| TITLE | VAS | 2.1 TITLE | |
| NAME | KOLCIO, TARAS M | 2.2 NAME | |
| STREET ADDRESS | ONE AIRPORT WAY, SUITE 200 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY | 2.4 CITY-ST-ZIP | |
| TITLE | VD | 3.1 TITLE | |
| NAME | SAHS, BRUCE A | 3.2 NAME | |
| STREET ADDRESS | 1 AIRPORT WAY, SUITE 200 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY 14624 | 3.4 CITY-ST-ZIP | |
| TITLE | V | 4.1 TITLE | |
| NAME | RICHENBERG, DAWN M | 4.2 NAME | |
| STREET ADDRESS | 1 AIRPORT WAY, SUITE 200 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY 14624 | 4.4 CITY-ST-ZIP | |
| TITLE | V | 5.1 TITLE | |
| NAME | BURNS, CHRISTOPHER B | 5.2 NAME | |
| STREET ADDRESS | 1 AIRPORT WAY, SUITE 200 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY 14624 | 5.4 CITY-ST-ZIP | |
| TITLE | V | 6.1 TITLE | |
| NAME | ADAMS, E M | 6.2 NAME | |
| STREET ADDRESS | 1 AIRPORT WAY, SUITE 200 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY 14624 | 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

(76) 486-6000