

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90074 004 ***150.00

DOCUMENT # F95000000077

1. Entity Name

HOTEL INVESTORS OF MICHIGAN, INC.

Principal Place of Business 777 WESTCHESTER AVE WHITE PLAINS NY 10604 US	Mailing Address 2231 E CAMELBACK RD SUITE 400 PHOENIX AZ 85016-3435 US
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911946



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 38-2326839	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		7. Name and Address of New Registered Agent	
		Name _____	
		Street Address (P.O. Box Number is Not Acceptable) _____	
		City _____	FL Zip Code _____

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	<input checked="" type="checkbox"/> Delete		TITLE P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME KLEISNER, FRED			NAME Theodore W. Darnall		
STREET ADDRESS 777 WESTCHESTER AVE			STREET ADDRESS 777 Westchester Ave.		
CITY-ST-ZIP WHITE PLAINS NY 10604			CITY-ST-ZIP White Plains, NY 10604		
TITLE VT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME ROZELLS, MARK			NAME		
STREET ADDRESS 2231 E. CAMELBACK RD, STE 400			STREET ADDRESS		
CITY-ST-ZIP PHOENIX AZ 85016			CITY-ST-ZIP		
TITLE VS	<input checked="" type="checkbox"/> Delete		TITLE VS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME LATHAM, JAMES			NAME Thomas C. Janson Jr.		
STREET ADDRESS 777 WESTCHESTER AVE			STREET ADDRESS 777 Westchester Ave.		
CITY-ST-ZIP WHITE PLAINS NY 10604			CITY-ST-ZIP White Plains, NY 10604		
TITLE AT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME MORROW, PETER			NAME		
STREET ADDRESS 2231 E CAMELBACK RD, #400			STREET ADDRESS		
CITY-ST-ZIP PHOENIX AZ 85016			CITY-ST-ZIP		
TITLE AT	<input checked="" type="checkbox"/> Delete		TITLE AT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME HUGHES, DAVID			NAME ALAN M. Schnaid		
STREET ADDRESS 2231 E CAMELBACK RD, #400			STREET ADDRESS 2231 E. Camelback Road #400		
CITY-ST-ZIP PHOENIX AZ 85016			CITY-ST-ZIP Phoenix, AZ 85016		
TITLE AT	<input checked="" type="checkbox"/> Delete		TITLE VT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME ALPERT, PETER			NAME Ronald C. Brown		
STREET ADDRESS 777 WESTCHESTER AVE			STREET ADDRESS 777 Westchester Ave.		
CITY-ST-ZIP WHITE PLAINS NY 10604			CITY-ST-ZIP White Plains, NY 10604		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter Morrow **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Peter Morrow** 1-25-00 **Date** 602/852-3900 **Daytime Phone #**