


FILED

Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F95000000079 (2)		
1. Corporation Name HOTEL INVESTORS OF NEBRASKA, INC.		
Principal Place of Business 2231 E CAMELBARK RD 400 PHOENIX AZ 85016 US	Mailing Address 2231 E CAMELBACK RD 400 PHOENIX AZ 85016 US	
2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;">21</div> Suite, Apt #, etc <div style="border: 1px solid black; padding: 2px;">22</div> City & State <div style="border: 1px solid black; padding: 2px;">23</div> Zip <div style="border: 1px solid black; padding: 2px;">25</div> Country <div style="border: 1px solid black; padding: 2px;">24</div>	2a. Mailing Address <div style="border: 1px solid black; padding: 2px;">26</div> Suite, Apt #, etc <div style="border: 1px solid black; padding: 2px;">27</div> City & State <div style="border: 1px solid black; padding: 2px;">28</div> Zip <div style="border: 1px solid black; padding: 2px;">29</div> Country <div style="border: 1px solid black; padding: 2px;">30</div>	
g. Name and Address of Current Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		<div style="border: 1px solid black; padding: 2px;">81</div> Name <div style="border: 1px solid black; padding: 2px;">82</div> Street Address <div style="border: 1px solid black; padding: 2px;">83</div> <div style="border: 1px solid black; padding: 2px;">84</div> City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation or agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)		
12. OFFICERS AND DIRECTORS		
12. TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DANZIGER, ERIC A 2231 E CAMELBACK RD, 400 PHONIX AZ	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DARNALL, THEODORE W 2231 E CAMELBACK RD, 400 PHOENIX AZ	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARGALIT, NIR E 2231 E CAMELBACK RD, 400 PHOENIX AZ	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCCAIN, CHARLES E 2231 E CAMELBACK RD, 400 PHOENIX AZ	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHNAID, ALAN 2231 E CAMELBACK RD, 400 PHOENIX AZ	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
13.		
	1.1 TITLE	
	1.2 NAME	
	1.3 STREET ADDRESS	
	1.4 CITY - ST - ZIP	
	2.1 TITLE	
	2.2 NAME	
	2.3 STREET ADDRESS	
	2.4 CITY - ST - ZIP	
	3.1 TITLE	
	3.2 NAME	
	3.3 STREET ADDRESS	
	3.4 CITY - ST - ZIP	
	4.1 TITLE	
	4.2 NAME	
	4.3 STREET ADDRESS	
	4.4 CITY - ST - ZIP	
	5.1 TITLE	
	5.2 NAME	
	5.3 STREET ADDRESS	
	5.4 CITY - ST - ZIP	
	6.1 TITLE	
	6.2 NAME	
	6.3 STREET ADDRESS	
	6.4 CITY - ST - ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in indicated on this annual report or supplemental annual report is true and accurate and that my signature as officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address.		
SIGNATURE: _____		