

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90120 044 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F95000000080**

1. Corporation Name  
**HOTEL INVESTORS OF ARIZONA, INC.**



Principal Place of Business  
**2231 E CAMELBACK RD  
 SUITE 400  
 PHOENIX AZ 85016  
 US**

Mailing Address  
**2231 E CAMELBACK RD  
 SUITE 400  
 PHOENIX AZ 85016  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 777 WESTCHESTER AVE**  
 Suite, Apt. #, etc.  
**22**  
 City & State  
**23 WHITE PLAINS NY**  
 Zip Country  
**24 10604 25 USA**

2a. Mailing Address  
**26**  
 Suite, Apt. #, etc.  
**27**  
 City & State  
**28**  
 Zip Country  
**29 30**

3. Date Incorporated or Qualified  
**01/05/1995**

4. FEI Number  
**52-1218259**

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

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

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE*	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANZLIGER, ERIC A	1.2 NAME	FRED KLEISNER-P
STREET ADDRESS	2231 E CAMELBACK RD, #800	1.3 STREET ADDRESS	777 WESTCHESTER AVENUE
CITY-ST-ZIP	PHOENIX AZ	1.4 CITY-ST-ZIP	WHITE PLAINS, NY 10604
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGALIT, NIR E	2.2 NAME	MARK ROZELLS-V/T
STREET ADDRESS	2231 E CAMELBACK RD, #800	2.3 STREET ADDRESS	2231 E CAMELBACK RD, STE 400
CITY-ST-ZIP	PHOENIX AZ	2.4 CITY-ST-ZIP	PHOENIX, AZ 85016
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARNALL, THEODORE W	3.2 NAME	JAMES LATHAM-V/S
STREET ADDRESS	2231 E CAMELBACK RD, #800	3.3 STREET ADDRESS	777 WESTCHESTER AVENUE
CITY-ST-ZIP	PHOENIX AZ	3.4 CITY-ST-ZIP	WHITE PLAINS, NY 10604
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCAIN, CHARLES E	4.2 NAME	PETER MORROW-AT
STREET ADDRESS	2231 E CAMELBACK RD, #800	4.3 STREET ADDRESS	2231 E CAMELBACK RD, STE 400
CITY-ST-ZIP	PHOENIX AZ	4.4 CITY-ST-ZIP	PHOENIX, AZ 85016
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNAID, ALAN	5.2 NAME	DAVID HUGHES-AT
STREET ADDRESS	2231 E CAMELBACK RD, #800	5.3 STREET ADDRESS	2231 E CAMELBACK RD, STE 400
CITY-ST-ZIP	PHOENIX FL	5.4 CITY-ST-ZIP	PHOENIX, AZ 85016
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	PETER ALPERT-AT
STREET ADDRESS		6.3 STREET ADDRESS	777 WESTCHESTER AVENUE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0504, Florida Statutes, and 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, with all other like empowered.

SIGNATURE: Peter Morrow DATE: 4-20-99 DAYTIME PHONE: 602-852-3900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)