

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F9500000250**

1. Entity Name

Rafael Hotels Limited USA Corporation

FILED
 01 MAY -3 AM 10:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: 126 E. 36th St. New York, NY 10016
 Mailing Address: 126 E. 36th St. New York, NY 10016

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
 Zip: Zip Country: Country

4. FEI Number: 133394524 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Corporate Access Inc.
 236 E. 6th Avenue
 Tallahassee, FL 32303

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE: PD NAME: Jens Grafe STREET ADDRESS: 126 E. 36th St. CITY-ST-ZIP: New York, NY 10016	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: George R. Rafael STREET ADDRESS: Monte Carlo Palace #72 CITY-ST-ZIP: Boulevard Des Moulins, Monaco OC	<input checked="" type="checkbox"/> Delete
TITLE: CFO NAME: Maxwell Dickens STREET ADDRESS: Monte Carlo Palace #72 CITY-ST-ZIP: Boulevard Des Moulins, Monaco OC	<input checked="" type="checkbox"/> Delete
TITLE: AS NAME: Franke E. Farella STREET ADDRESS: 235 Montgomery, Suite 3000 CITY-ST-ZIP: San Francisco, CA 94104	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: Wolfgang K. Hultner STREET ADDRESS: 345 California Street, Suite 1250 CITY-ST-ZIP: San Francisco, CA 94104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: Kit Choy Loke STREET ADDRESS: 101 Second Street, Suite 1800 CITY-ST-ZIP: San Francisco, CA 94105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: Sherry Lee STREET ADDRESS: 345 California Street, Suite 1250 CITY-ST-ZIP: San Francisco, CA 94104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sherry Lee Sherry Lee, Treasurer Date: May 3, 2001 Daytime Phone #: (415) 772-8810

CR2E034 (11/00)