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Mar 31 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 # **F95000002431 (3)**

1. Corporation Name
OUTRIGGER LODGING MANAGEMENT, INC.

Principal Place of Business	Mailing Address
P.O. BOX 88298 HONOLULU HI 96830-8298	P.O. BOX 88298 HONOLULU HI 96830-8298

3. Date Incorporated or Qualified: 05/18/1995
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc (22) | Suite, Apt. #, etc (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 88-0245125 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s 199 032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or print name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	CAREY III, W D		1.2 NAME	Melvin Y. Kaneshige	
STREET ADDRESS	3701-C DIAMOND HEAD ROAD		1.3 STREET ADDRESS	4615 Aukai Avenue	
CITY-ST-ZIP	HONOLULU HI		1.4 CITY-ST-ZIP	Honolulu, HI 96816	
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILINSKY, MELVYN M		2.2 NAME		
STREET ADDRESS	698 PUUIKENA DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HONOLULU HI		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, REBECCA S		3.2 NAME		
STREET ADDRESS	71 S. KALAHEO AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	KAILUA HI		3.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KELLEY, RICHARD R		4.2 NAME		
STREET ADDRESS	3707-B DIAMOND HEAD ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	HONOLULU HI		4.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	AOKI, AVERY K		5.2 NAME		
STREET ADDRESS	322 KEALAHOU STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	HONOLULU HI		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KELLEY-BLACK, ELIZABETH A		6.2 NAME		
STREET ADDRESS	3725 DIAMOND HEAD RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	HONOLULU HI		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: X Rebecca S Williams (808) 921-6530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0501251