2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F95000002431 04-26-2004 91288 013 ***150.00 OUTRIGGER LODGING MANAGEMENT, INC. Principal Place of Business Mailing Address 14009388 P.O. BOX 88298 P.O. BOX 88298 HONOLULU, HI 96830-8298 HONOLULU, HI 96830-8298 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 CR2E034 (10/03) City & State City & State Applied For 4. FFI Number 88-0245125 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FI 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition CAREY III, W D NAME ... NAME STREET ADDRESS 3701-C DIAMOND HEAD ROAD STREET ADDRESS CITY-ST-ZIP. HONOLULU, HI CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME : WILINSKY, MELVYN M NAME 698 PUUIKENA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HONOLULU, HI CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KANESHIGE, MELVIN Y NAME NAME STREET ADDRESS 4614 AUKAI PLACE-STREET ADDRESS CITY-ST-ZIP HONOLULU, HI 96816 City-ST-ZIP TITLE CD ☐ Delete TITI F Change Addition KELLEY, RICHARD R NAME STREET ADDRESS 3707-B DIAMOND HEAD ROAD STREET ADDRESS HONOLULU, HI CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition AOKI, AVERY K NAME NAME STREET ADDRESS 322 KEALAHOU STREET STREET ADDRESS CITY-ST-7IP HONOLULU, HI CITY-ST-ZIP Delete TITLE Change ☐ Addition AS Cynthia C. Kagami 702 Kalaau Pi: KELLEY, ELIZABETH A NAME NAME 3725 DIAMOND HEAD RD STREET ADDRESS STREET ADDRESS 96821 CITY-ST-ZIP Honolulu, Hl CITY-ST-ZIP HONOLULU, HI 96816 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

MELVYN M. WILINSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Apr 26, 2004 8:00 am

04/19/04

(808) 921-6501

Daytime Phone #

ATTACHMENT

Date:

April 21, 2004

TO:

Division of Corporations

FROM:

Outrigger Hotels Hawaii
Financial Services- Attn: Valerie Tanaka
P.O. Box 88298
Honolulu, Hawaii 96830 900

CERTIFIED MAIL RETURN RECEIPT REQUESTED # 7000 0520 0020 6968 7190

We submit the following for filing:

1. 2004 For Profit Corporation Annual Report of OUTRIGGER LODGING MANAGEMENT, INC. and check # 00006011 in the amount of \$150.00, filing fee.

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Thank you for your assistance regarding this matter. Should you have any questions concerning the attached, please contact me at (808) 921-6536.

- RETURN RECEIPT REQUESTED: # 7000 0520 0020 6968 7190

Outrigger Hotels Hawaii Financial Services P.O. Box 88298

Honolulu, Hawaii 96830-8298

Attn: Valerie Tanaka

/vt