

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002539 (3)

1. Corporation Name

USW LODGING, INC.



Principal Place of Business

Mailing Address

7800 EAST ORCHARD ROAD #480
ENGLEWOOD CO 80111

7800 EAST ORCHARD ROAD #480
ENGLEWOOD CO 80111

3. Date Incorporated or Qualified

05/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and office, if applicable

(NOTE: Registered Agent's signature required when re-appointing)

(DATE)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

13. ☐ Change ☐ Addition

NAME PD
STREET ADDRESS POST, RICHARD A
CITY-ST-ZIP 6200 SOUTH QUEBEC STREET #350
ENGLEWOOD CO

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

12. TITLE ☐ DELETE

13. ☐ Change ☐ Addition

NAME VD
STREET ADDRESS MARSICO, CHRISTOPHER J
CITY-ST-ZIP 6200 SOUTH QUEBEC STREET #350
ENGLEWOOD CO

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

12. TITLE ☐ DELETE

13. ☐ Change ☐ Addition

NAME V
STREET ADDRESS LOEWENSTEIN, STEWART A
CITY-ST-ZIP 6200 SOUTH QUEBEC STREET #350
ENGLEWOOD CO

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

12. TITLE ☐ DELETE

13. ☐ Change ☐ Addition

NAME T
STREET ADDRESS CARLSON, STEVEN R
CITY-ST-ZIP 6200 SOUTH QUEBEC STREET #350
ENGLEWOOD CO

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

12. TITLE ☐ DELETE

13. ☒ Change ☐ Addition

NAME S
STREET ADDRESS JAPHA, BARBARA M
CITY-ST-ZIP 7800 EAST ORCHARD ROAD #480
ENGLEWOOD CO

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

12. TITLE ☐ DELETE

13. ☐ Change ☐ Addition

NAME AS
STREET ADDRESS HIJAR, GLENDA M
CITY-ST-ZIP 7800 EAST ORCHARD ROAD #480
ENGLEWOOD CO

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Glenda M. Hajar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenda M. Hajar

7/11/96 (303) 792-4900

CR2E034 (3/96)