## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPES OF

## FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # F9500002719 1. Entity Name ARIZONA DOUBLETREE CORPORATION 05-14-2001 90105 033 \*\*\*150.00 Principal Place of Business Mailing Address 9336 CIVIC CENTER DR. 755 CROSSOVER LANE BEVERLY HILLS CA 90210 MEMPHIS TN 38117 HS US 2. Principal Place of Business 3. Mailing Address 9336 CIVILCENTER DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 86-0762415 Not Applicable BEVERLY Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 90210 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Flection Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition PRESIDENT Change TITLE CH/D X Delete TITLE MATTHEW J.HART NAME FERRIS, RICHARD J NAME 9336 CIVIC GENTER DR STREET ADDRESS STREET ADDRESS 755 CROSSOVER LN CITY-ST-ZIP BEVERLY HILLS CA 90210 CITY-ST-ZIP MEMPHIS TN 38117 Addition SVP TREASURER Delete TITLE TITLE ROBERT M. LAFORGIA UEBERROTH, PETER V NAME NAME 9334 CIVIC CENTER DR STREET ADDRESS STREET ADDRESS 755 CROSSOVER LN BEVERLY HULLS OF 90210 CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38117 VD+AT+ AS TITLE **VCFO** X) Delete TITLE CRAIG W. ARMSTRONG PEROCCHI, WILLIAM L NAME NAME 19336 CIVIC CENTER DR STREET ADDRESS 755 CROSSOVER LN STREET ADDRESS BEVELLY HILLS CA 90210 CITY-ST-ZIP CITY-ST-7IP MEMPHIS TN 38117 VP+SECRETARY Change Delete TITLE TITLE M. HUE SMITH TILL 9336 CIVIC CENTER DR STIVERS, DAVID L NAME NAME STREET ADDRESS 755 CROSSOVER LN STREET ADDRESS CITY-ST-ZIP BEVERLYING CA 90210 CITY-ST-ZIP MEMPHIS TN 38117 **X**i.Delete Change Addition TITLE TITLE KELLEHER, RICHARD M NAME NAME STREET ADDRESS 755 CROSSOVER LN STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MEMPHIS TN 38117 Change Addition Delete TITLE TITLE SCHULTZ, RAYMOND NAME NAME 755 CROSSOVER LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38117 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.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. HUESMITH JE 4-250) 310-278-9321