


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000002719 1. Entity Name ARIZONA DOUBLETREE CORPORATION	
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Principal Place of Business 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90210 US	Mailing Address 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90210 US
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04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-0762415	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000136721
04/28/04-80099-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HART, MATTHEW J 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPT LAFORGIA, ROBERT M 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDTS ARMSTRONG, CRAIG W 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS SMITH, M. HUE III 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  **M. HUE SMITH, III** **4.22.04** **310.278.4321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #