

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90240 005 ***150.00

DOCUMENT # F95000002719 1. Entity Name ARIZONA DOUBLETREE CORPORATION					
Principal Place of Business 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90210 US			Mailing Address 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90210 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
4. FEI Number 86-0762415				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	SVP/GFB ROBERT M. LAFORGIA 9336 CIVIC CENTER DR BEVERLY HILLS CA 90210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT ARMSTRONG, CRAIG W 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STANDERGER, STEVEN W 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP-TAX W. STEVEN STANDERGER 9336 CIVIC CENTER DR BEVERLY HILLS CA 90210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: W. STEVEN STANDERGER 4-24-06 310-278-4321 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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