

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 31 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003776

1. Entity Name
STARWOOD DEVELOPMENT CORP.



Principal Place of Business
591 WEST PUTNAM AVE
GREENWICH, CT 06830 US

Mailing Address
591 WEST PUTNAM AVE
GREENWICH, CT 06830 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10082007

REIN-P

CR2E096 (1/07)

4. FEI Number
36-3858275

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Ast. V.P. John S. Limber

10/30/2007

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	☐ Delete
NAME	STERNLIGHT, BARRY S	
STREET ADDRESS	591 WEST PUTNAM AVE	
CITY-STATE-ZIP	GREENWICH, CT 06830	
TITLE	EVAS	☐ Delete
NAME	GROSE, MADISON F	
STREET ADDRESS	591 WEST PUTNAM AVE	
CITY-STATE-ZIP	GREENWICH, CT 06830	
TITLE	VP	☐ Delete
NAME	GEIMER, ROBERT	
STREET ADDRESS	591 WEST PUTNAM AVE	
CITY-STATE-ZIP	GREENWICH, CT 06830	
TITLE	EVCT	☐ Delete
NAME	SILVEY, JEROME	
STREET ADDRESS	591 WEST PUTNAM AVE	
CITY-STATE-ZIP	GREENWICH, CT 06830	
TITLE	EVP	☐ Delete
NAME	KLEEMAN, MERRICK R	
STREET ADDRESS	591 WEST PUTNAM AVE	
CITY-STATE-ZIP	GREENWICH, CT 06830	
TITLE	VP	☒ Delete
NAME	PHILLIPS, CHRISTOPHER	
STREET ADDRESS	591 WEST PUTNAM AVE	
CITY-STATE-ZIP	GREENWICH, CT 06830	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/07 203-4227701

Date

Daytime Phone #

11/01/07