1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000005001

Corporation Name

HT-BOSTON, INC.

200 W. MADISON. SUITE 4100

CHICAGO IL 60606

Principal Place of Business	Mailing Address				
C/O HYATT CORPORATION	C/O HYATT CORPORATION				

200 W. MADISON. SUITE 4100 CHICAGO IL 60606

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90129 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					10/13/1995				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number				
21		26		36-3153818		Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75	dditional	
22		27			5. Certificate of Status Desired		Fee Re	quired	
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be					
23		28			Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip	Country	,	8. This corporation owes the cu	irrent year Intani	gible	v	
24	25	29 30	·		Personal Property Tax.		Yes	XINo	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered Ag	ent		
		0V07511 INO	81	Name				ļ	
THE PRENTICE-HALL CORPORATION SYSTEM, INC.			82	82 Street Address (P.O. Box Number is Not Acceptable)					
	HAYS STREET		-	Street Address (1.15. Sept. Hellies)					
	E 105		83		****			1	
TALL	AHASSEE FL 32301		<u>_</u>	1		 -	85 Zip (`ada	
			84	City		FL	85 Zip (,00B	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-name	corporation submits this statement for the	e purpose of ch	anging its	registered	
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such change was auth	onzed by	tne corp	oration's board of directors. I hereby acc	ept the appointn	nent as re	gistered	
agent. i ai	m familiar with, and accept the obligati	ons or, Section 607:0305, Florida	a Statutes	> .		70 Hz.		417	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	aistered Age	nt signature	equired when reinstating)	DATE		··	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE				_ Change	☐ Addition	
NAME	PRITZKER, THOMAS J		1.2 NAME		L-				
STREET ADDRESS	200 W MADISON		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	CHICAGO IL 60606		1.4 CITY-5						
TITLE	VSD	□ DELETE	2.1 TITLE	, <u> </u>			Change	Addition	
NAME	HANDELSMAN, HAROLD S	_	2.2 NAME					. }	
	200 W MADISON			TADDRESS				İ	
STREET ADDRESS	CHICAGO IL 60606		2.4 CITY-						
CITY-ST-ZIP	VTD	□ DELETE	3.1 TITLE	31-ZIP			Change	Addition	
TITLE			3.2 NAME			•		_	
NAM€	POSNER, KENNETH R			T 4 D D D C D C	_				
STREET ADDRESS	200 W MADISON			T ADDRESS					
CITY-ST-ZIP	CHICAGO IL 60606	☐ DELETE	3.4 CITY- 4.1 TITLE	SI-ZIP		 Î	Change	Addition	
TITLE	P POLICIE DICUADO I					,			
NAME	SCHULZE, RICHARD L		4. 2 NAME						
STREET ADDRESS	200 W MADISON			TADDRESS				1	
CITY-ST-ZIP	CHICAGO IL 60606	☐ DELETE	4.4 CITY-ST-ZIP				Change	Addition	
TITLE	POODMAN I KOM	€ here is	5.1 TITLE 5.2 NAME			'			
NAME	POORMAN, J. KEVIN			T ADDRESS					
STREET ADDRESS	200 W MADISON								
CITY-ST-ZIP	CHICAGO IL 60606	□ es ere	6.1 TITLE	51-ZIP			Change	Addition	
TITLE		□ DELETE				L	Grange		
NAME	}		6.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			6.4 CfTY-	ST-ZIP			. 45 - 5 45 - 1	لــــــــــــــــــــــــــــــــــــــ	

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.