


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90321 011 ***150.00

DOCUMENT # F95000005001

1. Entity Name
 HT-BOSTON, INC.



Principal Place of Business
 C/O HYATT CORPORATION
 200 W, MADISON, SUITE 4100
 CHICAGO, IL 60606

Mailing Address
 C/O HYATT CORPORATION
 200 W, MADISON, SUITE 4100
 CHICAGO, IL 60606



2. Principal Place of Business
 200 W. Madison

3. Mailing Address
 200 W. Madison

Suite, Apt. #, etc.
 41st. Floor

City & State
 Chicago, IL

Zip
 60606

Country
 USA

03172004 Chg-P CR2E034 (10/03)

4. FEI Number
 36-3153818

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
 N/A

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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRITZKER, THOMAS J 200 W MADISON CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HANDELSMAN, HAROLD S 200 W MADISON CHICAGO, IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MILLER, SCOTT 200 W MADISON CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHULZE, RICHARD L 200 W MADISON CHICAGO, IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POORMAN, J. KEVIN 200 W MADISON CHICAGO, IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSE, KIRK 200 W MADISON CHICAGO, IL 60606	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Douglas Geoga 200 W. Madison Chicago, IL 60606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Kirk Rose 200 W. Madison Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Christine Haki 200 W. Madison Chicago, IL 60606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Kirk A. Rose Date: 4/28/04 Daytime Phone #: 312-750-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kirk A. Rose, VP & Treasurer