

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90224 006 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F96000001295**

1. Corporation Name  
**WYNDHAM MANAGEMENT CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1950 STEMMONS FREEWAY  
 SUITE 6001  
 DALLAS TX 75207  
 US**

Mailing Address  
**1950 STEMMONS FREEWAY  
 SUITE 6001  
 DALLAS TX 75207  
 US**

3. Date Incorporated or Qualified  
**03/13/1996**

4. FEI Number  
**75-2636074**

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

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business: 2a. Mailing Address

21 **Same** 26 **Same**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BENTLEY, LESLIE V</b>	
STREET ADDRESS	<b>1950 STEMMONS FREEWAY, SUITE 6001</b>	
CITY-ST-ZIP	<b>DALLAS TX 75207</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>ALIBHAI</b>	
STREET ADDRESS	<b>1950 STEMMONS FREEWAY, SUITE 6001</b>	
CITY-ST-ZIP	<b>DALLAS TX 75207</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>HOUSTON, BEVERLY M</b>	
STREET ADDRESS	<b>1950 STEMMONS FREEWAY, SUITE 6001</b>	
CITY-ST-ZIP	<b>DALLAS TX 75207</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MORELAND, CARLA</b>	
STREET ADDRESS	<b>1950 STEMMONS FREEWAY, SUITE 6001</b>	
CITY-ST-ZIP	<b>DALLAS TX 75207</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>JONES, LAWRENCE</b>	
STREET ADDRESS	<b>1950 STEMMONS FREEWAY, SUITE 6001</b>	
CITY-ST-ZIP	<b>DALLAS TX 75207</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: *Lawrence S. Jones* 9/26/99 **Lawrence S. Jones, Treas** 214/863-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)