2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# F96000003280

Entity Name: JOHN Q. HAMMONS HOTELS, INC.

Current Principal Place of Business:

JOHN Q. HAMMONS HOTELS, INC.
300 JOHN Q. HAMMONS PARKWAY
SPRINGFIELD, MO 65806

New Principal Place of Business:

Current Mailing Address:

JOHN Q. HAMMONS HOTELS, INC.
300 JOHN Q. HAMMONS PARKWAY
SPRINGFIELD, MO 65806

New Mailing Address:

FEI Number: 43-1695093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	COBD	( ) Delete
Name:	HAMMONS, JOHN Q	
Address:	2450 SKYLINE	
City-St-Zip:	SPRINGFIELD, MO 65804	
Title:	D	( ) Delete
Name:	EARLEY, DANIEL L	
Address:	7351 RIVERBY ROAD	
City-St-Zip:	CINCINNATI, OH 45244	
Title:	TD	( ) Delete
Name:	DOWDY, JACQUELINE A	
Address:	1962 EAST CANTEBURY	
City-St-Zip:	SPRINGFIELD, MO 65804	
Title:	ASD	( ) Delete
Name:	HART, WILLIAM J.	
Address:	420 NORTH JEFFERSON	
City-St-Zip:	SPRINGFIELD, MO 65802	
Title:	AS	( ) Delete
Name:	SHANTZ, DEBRA	
Address:	300 HAMMON PARKWAY, #900	
City-St-Zip:	SPRINGFIELD, MO 65806	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN Q. HAMMONS COBD 04/28/2004

Electronic Signature of Signing Officer or Director — Date