

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003280

FILED
Feb 03, 2005
Secretary of State

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
TALLAHASSEE, 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

02/03/2005

Electronic Signature of Signing Officer or Director

Date