.2005 FOR PROFIT CORPORATION

ANNUAL REPORT

CLUBCORP USA, INC.

DOCUMENT # F97000000659

Principal Place of Business

Mailing Address

Apr 04, 2005 8:00 am Secretary of State

04-04-2005 90053 003 ***150.00

MANAGERA

TRIWEST PLAZA 3030 LBJ FREEWAY DALLAS, TX 75234			TRIWEST PLAZA 3030 LBJ FREEWAY C/O THE TAX DEPT. DALLAS, TX 75234			 		440444 Umumumumumum			10 1 1)	
2. Principal Place of Business			3. Mailing Address			_						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			0131	2005	Chg-P	CR2E03	34 (10/03)		
City & State			City & State			I	Numbe 5-2114			_ ·	plied For t Applicable	
Zìp	Country		Zip Coun		ntry	5. Ce	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Ad	Idress of Current F	legistered Agent			7. Na	7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301					Name Street Address (P.O. Box Number is Not Acceptable)							
					City				FL	Zip Code	9	
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												
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						\$5.00 Ma Added to Fe	y Be es		·			
10. OFFICERS AND DIRECTORS 11						ADD	ITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Delete TITI HENSLEE, THOMAS TRIWEST PLAZA, 3030 LBJ FREEWAY DALLAS, TX 75234 TITI Delete TITI NW CIT									☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP										□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					-					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP										☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUPTON, JACK TRIWEST PLAZ DALLAS, TX 75	☐ Delete							Change	Addition		
TITLE NAME STREET ADDRESS			☐ Delete	TITU NAA STR						☐ Change	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.

CITY-ST-ZIP

SIGNATURE. SIC ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP