

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001300

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: SIX CONTINENTS HOTELS, INC.

## Current Principal Place of Business:

THREE RAVINIA DRIVE  
SUITE 2900  
ATLANTA, GA 303462149

## New Principal Place of Business:

## Current Mailing Address:

THREE RAVINIA DRIVE C/O TAX DEPT.  
SUITE 2900  
ATLANTA, GA 303462149

## New Mailing Address:

FEI Number: 58-2283470      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: DCOO ( ) Delete  
Name: MURRAY, THOMAS  
Address: THREE RAVINIA DR.  
City-St-Zip: ATLANTA, GA 30346

Title: DP ( ) Delete  
Name: PORTER, STEVEN  
Address: THREE RAVINIA DR.  
City-St-Zip: ATLANTA, GA 30346

Title: SVP ( ) Delete  
Name: ANHUT, JAMES  
Address: THREE RAVINIA DR.  
City-St-Zip: ATLANTA, GA 30346

Title: DSVP ( ) Delete  
Name: JACKMAN, BOB  
Address: THREE RAVINIA DRIVE, SUITE 2900  
City-St-Zip: ATLANTA, GA 30346

Title: DSVP ( ) Delete  
Name: KOWALESKI, RICK  
Address: THREE RAVINIA DRIVE, SUITE 2900  
City-St-Zip: ATLANTA, GA 30346

Title: AS ( ) Delete  
Name: MEYER-ROBERTS, BARBARA  
Address: THREE RAVINIA DRIVE, SUITE 2900  
City-St-Zip: ATLANTA, GA 30346

## 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:

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: BARBARA MEYER-ROBERTS

AS

04/28/2005

Electronic Signature of Signing Officer or Director

Date