2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001300

Entity Name: SIX CONTINENTS HOTELS, INC.

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: THREE RAVINIA DRIVE THREE RAVINIA DRIVE **SUITE 2900** SUITE 100 ATLANTA, GA 303462149 ATLANTA, GA 303462149 New Mailing Address: **Current Mailing Address:** THREE RAVINIA DRIVE C/O TAX DEPT. THREE RAVINIA DRIVE C/O TAX DEPT. **SUITE 2900** SUITE 100 ATLANTA, GA 303462149 ATLANTA, GA 303462149 FEI Number: 58-2283470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCOO () Delete Title: () Change () Addition Name: MURRAY, THOMAS Name: THREE RAVINIA DR. Address: Address: City-St-Zip: ATLANTA, GA 30346 City-St-Zip: DP Title: Title: () Delete () Change () Addition Name: PORTER, STEVEN Name: THREE RAVINIA DR. Address: Address: City-St-Zip: ATLANTA, GA 30346 City-St-Zip: Title: Title: SVP () Delete () Change () Addition ANHUT, JAMES Name: Name: THREE RAVINIA DR. Address: Address: City-St-Zip: ATLANTA, GA 30346 City-St-Zip: Title: DSVP () Delete Title: DSVP (X) Change () Addition JACKMAN, BOB JACKMAN, BOB Name: Name: Address: THREE RAVINIA DRIVE, SUITE 2900 Address: THREE RAVINIA DRIVE, SUITE 100 City-St-Zip: ATLANTA, GA 30346 City-St-Zip: ATLANTA, GA 30346 Title: DSVP Title: DSVP (X) Change () Addition () Delete KOWALESKI, RICK Name: KOWALESKI, RICK Name: THREE RAVINIA DRIVE, SUITE 2900 Address: THREE RAVINIA DRIVE, SUITE 100 Address: City-St-Zip: ATLANTA, GA 30346 City-St-Zip: ATLANTA, GA 30346 Title: POA () Delete Title: () Change () Addition Name: MEYER-ROBERTS, BARBARA Name: 747 THIRD AVENUE 26TH FLOOR Address: Address: City-St-Zip: NEW YORK, NY 10017 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 POA 04/24/2007