

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001300

FILED
Apr 22, 2008
Secretary of State

Entity Name: SIX CONTINENTS HOTELS, INC.

Current Principal Place of Business:

THREE RAVINIA DRIVE
SUITE 100
ATLANTA, GA 303462149

New Principal Place of Business:

Current Mailing Address:

THREE RAVINIA DRIVE C/O TAX DEPT.
SUITE 100
ATLANTA, GA 303462149

New Mailing Address:

THREE RAVINIA DRIVE C/O LAW DEPT.
SUITE 100
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:

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 100
City-St-Zip: ATLANTA, GA 30346

Title: DSVP () Delete
Name: KOWALESKI, RICK
Address: THREE RAVINIA DRIVE, SUITE 100
City-St-Zip: ATLANTA, GA 30346

Title: POA () Delete
Name: MEYER-ROBERTS, BARBARA
Address: 747 THIRD AVENUE 26TH FLOOR
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPT (X) Change () Addition
Name: CHITTY, BOB
Address: THREE RAVINIA DR.
City-St-Zip: ATLANTA, GA 30346

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 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

04/22/2008

Electronic Signature of Signing Officer or Director

Date