FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91515 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001300

10089920

1. Entity Name
SIX CONTINENTS HOTELS, INC.

Principal Place of Business	Mailing Address
THREE RAVINIA DRIVE SUITE 2900 ATLANTA, GA 30346-2149	THREE RAVINIA DRIVE C/O TAX DEPT. SUITE 2900 ATLANTA, GA 30346-2149

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 58-2283470 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when submitting.)

FILE NOW: FEE IS $150.00
After May 1, 2003 the fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SWEETWOOD, JOHN THREE RAVINIA DRIVE, SUITE 2900 ATLANTA, GA 30346	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/COO Murray Thomas Three Ravinia Dr Atlanta, GA 30346	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD LEWIS, DOUGLAS W THREE RAVINIA DRIVE, SUITE 2900 ATLANTA, GA 30346	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Porter, Steven Three Ravinia Dr Atlanta, GA 30346	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEVG HILL, ROBERT D THREE RAVINIA DRIVE, SUITE 2900 ATLANTA, GA 30346	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP Anhut, James Three Ravinia Dr Atlanta, GA 30346	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOODSON, MICHAEL THREE RAVINIA DRIVE, SUITE 2900 ATLANTA, GA 30346	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KURNIT, JONATHAN THREE RAVINIA DRIVE, SUITE 2900 ATLANTA, GA 30346	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MEYER-ROBERTS, BARBARA THREE RAVINIA DRIVE, SUITE 2900 ATLANTA, GA 30346	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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.

SIGNATURE: Barbara Meyer-Roberts, Asst Sec 4/23/03 212-852-6415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Barbara Meyer-ROBERTS