2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# F97000005398

Entity Name: HTS-KW, INC.

Current Principal Place of Business:

71 S WACKER DRIVE
LEGAL DEPT. 14TH FLOOR
CHICAGO, IL 60606 US

New Principal Place of Business:

Current Mailing Address:

71 S WACKER DRIVE
LEGAL DEPT. 14TH FLOOR
CHICAGO, IL 60606 US

New Mailing Address:

FEI Number: 36-4187262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	DPS	( ) Delete
Name:	HANDELSMAN, HAROLD S	
Address:	71 S WACKER DRIVE	
City-St-Zip:	CHICAGO, IL 60606 US	
Title:	DVT	( ) Delete
Name:	ROSE, KIRK A	
Address:	71 S WACKER DRIVE	
City-St-Zip:	CHICAGO, IL 60606	
Title:	V	( ) Delete
Name:	MAKI, CHRISTINE	
Address:	71 S WACKER DRIVE	
City-St-Zip:	CHICAGO, IL 60606 US	
Title:	V	( ) Delete
Name:	GAINER, TRACY	
Address:	450 CARILLON PKWY	
City-St-Zip:	ST PETERSBURG, FL 33716 US	
Title:	AS	( ) Delete
Name:	SMITH, SUSAN T	
Address:	71 S WACKER DRIVE	
City-St-Zip:	CHICAGO, IL 60606	
Title:	AS	( ) Delete
Name:	TURILLI, MARY J	
Address:	71 S WACKER DRIVE	
City-St-Zip:	CHICAGO, IL 60606	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	MAKI, CHRISTINE M	
Address:	71 S WACKER DRIVE	
City-St-Zip:	CHICAGO, IL 60606 US	
Title:	V	(X) Change ( ) Addition
Name:	GAINER, TRACY	
Address:	71 S WACKER DRIVE	
City-St-Zip:	CHICAGO, IL 60606 US	
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 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: MARY J. TURILLI AS 04/03/2007

Electronic Signature of Signing Officer or Director — Date