

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005398

FILED  
Apr 25, 2012  
Secretary of State

Entity Name: HTS-KW, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

71 S WACKER DRIVE  
14TH FLOOR, LEGAL DEPT.  
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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HOPLAMAZIAN, MARK S  
Address: 71 S. WACKER DRIVE  
City-St-Zip: CHICAGO, IL 60606 US

Title: DVPT  
Name: SINGH, HARMIT  
Address: 71 S. WACKER DRIVE  
City-St-Zip: CHICAGO, IL 60606

Title: VP  
Name: ROXWORTHY, PATRICK  
Address: 71 S. WACKER DRIVE  
City-St-Zip: CHICAGO, IL 60606 US

Title: VP  
Name: O'CONNOR, JERRY  
Address: 71 S. WACKER DRIVE  
City-St-Zip: CHICAGO, IL 60606 US

Title: VP  
Name: GAINER, TRACY  
Address: 71 S. WACKER DRIVE  
City-St-Zip: CHICAGO, IL 60606

Title: S  
Name: BELZ, HEIDI M  
Address: 71 S. WACKER DRIVE  
City-St-Zip: CHICAGO, IL 60606

I hereby 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 all other like empowered.

SIGNATURE: HEIDI M. BELZ

S

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date