

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000006619**

1. Corporation Name

WHC PAYROLL COMPANY

Principal Place of Business

% THE WESTIN HOTEL COMPANY
2001 6TH AVE.
SEATTLE WA 98121

Mailing Address

% THE WESTIN HOTEL COMPANY
2001 6TH AVE.
SEATTLE WA 98121

2. Principal Place of Business

21 **777 WESTCHESTER AVE**

Suite, Apt. #, etc.

22 City & State

23 **WHITE PLAINS, NY**

Zip

24 **10604**

Country

25 **USA**

2a. Mailing Address

26 **2231 E. CAMELBACK RD.**

Suite, Apt. #, etc.

27 **STE. 400**

City & State

28 **PHOENIX, AZ**

Zip

29 **85016**

Country

30 **USA**

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

3. Date Incorporated or Qualified

12/15/1997

4. FEI Number

91-1875047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VAT** ☒ DELETE
NAME **HYLTON, KEVIN E**
STREET ADDRESS **2001 SIXTH AVENUE, 11TH FLOOR**
CITY-ST-ZIP **SEATTLE WA 98121**

TITLE **PD** ☒ DELETE
NAME **MAHONEY, RICHARD L**
STREET ADDRESS **2001 SIXTH AVENUE, 15TH FLOOR**
CITY-ST-ZIP **SEATTLE WA 98121**

TITLE **VTD** ☒ DELETE
NAME **SUTTEN, DOUGLAS C**
STREET ADDRESS **2001 SIXTH AVENUE, 11TH FLOOR**
CITY-ST-ZIP **SEATTLE WA 98121**

TITLE **VSD** ☒ DELETE
NAME **WALKER, CATHERINE L**
STREET ADDRESS **2001 SIXTH AVENUE, 15TH FLOOR**
CITY-ST-ZIP **SEATTLE WA 98121**

TITLE **AS** ☒ DELETE
NAME **VALINE, RUTH E**
STREET ADDRESS **2001 SIXTH AVENUE, 15TH FLOOR**
CITY-ST-ZIP **SEATTLE WA 98121**

TITLE **D** ☒ DELETE
NAME **KLEISNER, FRED J**
STREET ADDRESS **2001 SIXTH AVENUE, 15TH FLOOR**
CITY-ST-ZIP **SEATTLE WA 98121**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **DARNALL, THEODORE H**
1.3 STREET ADDRESS **777 WESTCHESTER AVE.**
1.4 CITY-ST-ZIP **WHITE PLAINS, NY 10604**

2.1 TITLE **VT** ☒ Change ☐ Addition
2.2 NAME **ROZELLS, MARK**
2.3 STREET ADDRESS **2231 E. CAMELBACK RD, STE. 400**
2.4 CITY-ST-ZIP **PHOENIX, AZ 85016**

3.1 TITLE **VSD** ☒ Change ☐ Addition
3.2 NAME **LATHAM, JAMES**
3.3 STREET ADDRESS **777 WESTCHESTER AVE.**
3.4 CITY-ST-ZIP **WHITE PLAINS, NY 10604**

4.1 TITLE **AT** ☒ Change ☐ Addition
4.2 NAME **MORROW, PETER**
4.3 STREET ADDRESS **2231 E. CAMELBACK RD, STE. 400**
4.4 CITY-ST-ZIP **PHOENIX, AZ 85016**

5.1 TITLE **AT** ☒ Change ☐ Addition
5.2 NAME **HUGHES, DAVID**
5.3 STREET ADDRESS **2231 E. CAMELBACK RD, STE. 400**
5.4 CITY-ST-ZIP **PHOENIX, AZ 85016**

6.1 TITLE **AT** ☒ Change ☐ Addition
6.2 NAME **ALPERT, PETER**
6.3 STREET ADDRESS **777 WESTCHESTER AVE.**
6.4 CITY-ST-ZIP **WHITE PLAINS, NY 10604**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

MORROW

7-16-99

(602) 852-3900



DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)