

ACCOUNT NO. : 072100000032

REFERENCE: 700380

4322610

AUTHORIZATION :

COST LIMIT :

\$ 70.00

ORDER DATE : February 10, 1998

ORDER TIME : 9:22 AM

ORDER NO. : 700380-005

CUSTOMER NO: 4322610

CUSTOMER: Ms. Charmaine R. Kabza

Hyatt Corporation

200 West Madison Street

41st Floor

Chicago, IL 60606

DIVISION OF CORPORATION

FOREIGN FILINGS

NAME:

FACILITY MANAGEMENT OF

LOUISIANA, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

___ PLAIN STAMPED COPY

___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Facility Management of Louisiana, Inc. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present							
abbreviations or partnership	poration: must i of like import in o if not so conta	nclude the word "INCORPC n language as will clearly in- ined in the name at present	RATED", "COMPANY", "CO dicate that it is a corporation	RPORATION" or words or instead of a natural person			
2 Louis			3 94-2418942				
		aw of which it is incorporate	ed) (FEI number, if appl	icable)			
4. June	2, 1977	5.	Perpetual ation: Year corp. will cease				
		(Dur	ation: Year corp. will cease	o exist or "perpetual")			
6. Upon	Upon acceptance of application						
(Date first tra	nsacted busines	s in Florida. <i>(See sections 6</i>	07.1501, 607.1502, and 8	17.155, F.S.)			
7		200 West Madison		2777 2750 186			
		Chicago, Illinois		EB THAS			
_		(Current mai	ling address)	m <			
8.		Public facilities	management services	3			
(Purpose(s) of corporation	n authorized in home state o	or country to be carried out in	the state of Florida			
9. Name and	street address	s of Florida registered a	gent: (P.O. Box or Mail [Prop Box NOT			
acceptable)	Name:	Corporation Service C	ompany	•			
	Office Ad	dress: 1201 Hays Stre	et				
	_	Tallahassee	, Florida				
				(Zip Code)			
10. Registere	ed agent's ac	ceptance:					
egistered agei Il statutes reli	nt and agree : ative to the p	iesignated in this appi to act in this capacity, i	ication, I hereby accept further agree to comply formance of my duties	l with the provining of			
	Corporati	on Service Company					
	Ву:	r9 natte					
	Zec.===	(Registered agent's signatur	e)				

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

- 12. Names and addresses of officers and/or directors: (Street address ONLY- P.O. Box NOT acceptable)
- A. DIRECTORS (Street address only-P.O. Box NOT acceptable)

Director	· Charane	Richard I	LSchulze	
	Address:	200 West	Madison	
		Chicago,	IL 60606	
Director	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(Harold S. Handelsman	
	Address:		200 West Madison	
			Chicago, IL 60606	
	Director:	-	Kenneth R. Posner	
	Address:	<u> </u>	200 West MAdison	
	<u></u>		Chicago, IL 60606	
	Director:			F.
	Address:		-	98 F
	***			AN B T
	B. OFFICERS	Street addre	ess only- P.O. Box NOT acceptable)	82 0
	President:		Kenneth R. Posner	
	Address:		200 West Madison Chicago, IL 60606	2
	Vice President:	·	Richard L. Schulze	
	Address:		200 West Madison	
	 -		Chicago, IL 60606	
7	Secretary:		Harold S. Handelsman	
	Address:		200 West Madison	
			Chicago, IL 60606	
	Treasurer:	-	Kenneth R. Posner	
	Address:	··-	200 West Madison	
			Chicago, IL 60606	
	NOTE: If necessar directors.	y, you may att	tach an addendum to the application listing add	litional officers and/or
	13. <u>Lens</u>	ES H	O Second	
	(Sig	value of Chairm	nan, Vice Chairman, or any officer listed in number	12 of the application.)
	14	Kenneth R.	Posner, Chairman of the Board, Pre	sident & Treasurer
			(Typed or printed name and capacity of person signing a	pplication)



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that FACILITY MANAGEMENT OF LOUISIANA. INC.

A LOUISIANA corporation domiciled at NEW ORLEANS,

Filed charter and qualified to do business in this Statecong June 02, 1977,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 16 ∧ 1998

ox 1/2 Decem

Secretary of State

CGR