


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # F980000000971	
1. Entity Name FACILITY MANAGEMENT INC. OF CALIFORNIA	

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 71 S. WACKER DRIVE		3. Mailing Address 71 S. WACKER DRIVE	
Suite, Apt. #, etc. 14TH FLOOR		Suite, Apt. #, etc. 14TH FLOOR	
City & State CHICAGO, ILLINOIS		City & State CHICAGO, ILLINOIS	
Zip 60606	Country USA	Zip 60606	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2728840	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Corporation Service Company	
	Street Address (P.O. Box Number is Not Acceptable)	
	1201 Hays Street	
	City Tallahassee	FL Zip Code 32301

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 _____ (NOTE: Registered Agent signature required when constating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Richard L. Schulze 71 S. Wacker Dr., 14th Floor Chicago, Illinois 60606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600051637326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Richard Shaff 747 Howard Street San Francisco, California 94103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VT John Stellato 71 S. Wacker Dr., 14th Floor Chicago, Illinois 60606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **John Stellato** **4/21/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 329066 4322610

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 150.00

ORDER DATE : April 21, 2005

ORDER TIME : 9:45 AM

ORDER NO. : 329066-010

CUSTOMER NO: 4322610

CUSTOMER: Laura Geis
Hyatt Hotels Corporation
14th Floor
71 S. Wacker Drive
Chicago, IL 60606

ANNUAL REPORT FILING

NAME: FACILITY MANAGEMENT INC. OF
CALIFORNIA

RECEIVED
05 APR 22 11:11:03
FACILITY MANAGEMENT INC.
CALIFORNIA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: _____