

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90024 050 ***150.00

DOCUMENT # F98000002899

1. Entity Name
TOWN PARK HOTEL CORPORATION

Principal Place of Business
**THREE RAVINIA DRIVE SUITE 2900
 ATLANTA GA 30346**

Mailing Address
**THREE RAVINIA DRIVE SUITE 2900
 ATLANTA GA 30346**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **62-0616701**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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.

SIGNATURE *VIRGILY CH... [Signature]* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CORR, MICHAEL	
STREET ADDRESS	THREE RAVINIA DRIVE SUITE 2900	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	BLANKENSHIP, TERESA	
STREET ADDRESS	THREE RAVINIA DRIVE SUITE 2900	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRETTSCHNEIDER, THOMAS H	
STREET ADDRESS	THREE RAVINIA DRIVE SUITE 2900	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	CHITTY, ROBERT J	
STREET ADDRESS	THREE RAVINIA DRIVE SUITE 2900	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KACENA, JAMES L	
STREET ADDRESS	THREE RAVINIA DRIVE SUITE 2900	
CITY-ST-ZIP	ATLANTA GA 30346-2149	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWEETWOOD, JOHN T	
STREET ADDRESS	6215 RIVERWOOD DRIVE, NW	
CITY-ST-ZIP	ATLANTA GA 30068	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Asst Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Meyer Roberts	
STREET ADDRESS	747 Third Ave, 26th Fl	
CITY-ST-ZIP	New York, NY 10017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Meyer Roberts* **Feb 22 2002** **212-852-6415**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)