## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000004588

Entity Name: INTERCONTINENTAL HOTELS GROUP RESOURCES, INC.

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
THREE RAVINIA DR., STE 2900 ATLANTA, GA 30346				THREE RAVINIA DR., STE 100 ATLANTA, GA 30346		
Current Mailing Address:				New Mailing Address:		
THREE RAVINIA DR., STE 2900 ATLANTA, GA 30346			(	THREE RAVINIA DR., STE 100 C/O TAX DEPT ATLANTA, GA 30346		
FEI Number: 58-2398188 FEI Number Applied For ( ) FEI Nu			FEI Numb	mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
The above in the State	named entity su of Florida.	bmits this statement for the purp	oose of	changing its	s registered	d office or registered agent, or both,
SIGNATURE:						
Electronic Signature of Registered Agent				Date		
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VT () E CHITTY, ROBER THREE RAVINIA ATLANTA, GA		N #	Title: Name: Address: City-St-Zip:	CHITTY, RO	INIA DR., STE 100
Title: Name: Address: City-St-Zip:	DP ( ) E PORTER, STEVA THREE RAVINIA ATLANTA, GA 30	DR	N A	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DVPS () E HOM, DAVID THREE RAVINIA ATLANTA, GA 30		N #	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	COO () E MURRAY, THOM THREE RAVINIA ATLANTA, GA		1	Title: Name: Address: City-St-Zip:	MURRAY, TH	INIA DR., STE 100
Title: Name: Address: City-St-Zip:	VP () E ANHUNT, JAMES THREE RAVINIA ATLANTA, GA		1 4	Title: Name: Address: City-St-Zip:	VP ANHUNT, JA THREE RAV ATLANTA, G	INIA DR., STE 100
Title: Name: Address: City-St-Zip:	POA () E MEYER-ROBERT 747 THIRD AVE 2 NEW YORK, NY	26TH FLOOR	1	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA MEYER-ROBERTS POA 04/24/2007