


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90028 010 ****61.25

DOCUMENT # F99000000978	
1. Entity Name THE EDUCATIONAL INSTITUTE OF THE AMERICAN HOTEL AND MOTEL ASSOCIATION (MICHIGAN), INC.	

Principal Place of Business 800 N. MAGNOLIA AVE., SUITE 1800 ORLANDO, FL 32803	Mailing Address 800 N. MAGNOLIA AVE., SUITE 1800 ORLANDO, FL 32803
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44049291



07012004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-1557821	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHMURA, MIKE 800 N. MAGNOLIA AVE. SUITE 1800 ORLANDO, FL 32803	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARSHALL, ANTHONY 800 N. MAGNOLIA AVENUE, SUITE 1800 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLEHER, RICHARD 755 CROSSOVER LANE MEMPHIS, TN 38117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAUGHN, JACK 2802 OPRYLAND DR NASHVILLE, TN 37214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEMENER, GEORGE 14651 DALLAS PARKWAY SUITE 500 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:  **Michael A Chmura** **7/1/04** **407 999 8100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #