2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

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

02092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-1557821 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CHMURA, MIKE
800 N. MAGNOLIA AVE. SUITE 1800
ORLANDO, FL 32803

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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 May 1, 2005

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

10. OFFICERS AND DIRECTORS

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

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03/09/05-80055-009 61.25

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

SIGNATURE: _____ 2/9/05 407 999 8106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #