

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90277 040 \*\*\*\*70.00

**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**

**50006061**



2. Principal Place of Business

3. Mailing Address  
**1201 New York, Ave., N.W.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**600**

03082006 Chg-NP CR2E037 (11/05)

City & State

City & State  
**Washington, D.C. 20005**

4. FEI Number  
**38-1557821**

Applied For  
Not Applicable

Zip

Country

Zip

Country  
**USA**

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**

7. Name and Address of New Registered Agent

Name  
**Joori Jeon**  
Street Address (P.O. Box Number is Not Acceptable)  
**800 N. Magnolia Ave. Suite 1800**  
City  
**Orlando** **FL** Zip Code  
**32803**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/13/06**  
DATE

**Filing Fee Is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **MARSHALL, ANTHONY**  
STREET ADDRESS **800 N. MAGNOLIA AVENUE, SUITE 1800**  
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **V** ☒ Delete  
NAME **KELLEHER, RICHARD**  
STREET ADDRESS **755 CROSSOVER LANE**  
CITY-ST-ZIP **MEMPHIS, TN 38117**

TITLE **S** ☒ Delete  
NAME **VAUGHN, JACK**  
STREET ADDRESS **2802 OPRYLAND DR**  
CITY-ST-ZIP **NASHVILLE, TN 37214**

TITLE **T** ☒ Delete  
NAME **LEMENER, GEORGE**  
STREET ADDRESS **14651 DALLAS PARKWAY SUITE 500**  
CITY-ST-ZIP **DALLAS, TX 75240**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **SCOTT PIERCE**  
STREET ADDRESS **800 N. MAGNOLIA AVENUE, SUITE 1800**  
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **V** ☒ Change ☐ Addition  
NAME **JAY S. WITZEL**  
STREET ADDRESS **701 CARLSON PARKWAY**  
CITY-ST-ZIP **MINNEAPOLIS, MN 55305-8254**

TITLE **T** ☒ Change ☐ Addition  
NAME **RONALD F. CICHY**  
STREET ADDRESS **231 EPPLEY CENTER**  
CITY-ST-ZIP **EAST LANSING, MI 48824-1121**

TITLE **C** ☒ Change ☐ Addition  
NAME **GERALD W. PETITT**  
STREET ADDRESS **6001 MONTROSE ROAD, SUITE 1040**  
CITY-ST-ZIP **ROCKVILLE, MD 20852**

TITLE **EVP** ☐ Change ☒ Addition  
NAME **JOORI JEON**  
STREET ADDRESS **800 N. MAGNOLIA AVE., SUITE 1800**  
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/06** (202) 289-3152  
Date Daytime Phone #