2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) F9900001055 **DOCUMENT #**

FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90719 022 ***150.00 1. Entity Name HOTEL INFORMATION SYSTEMS, INC. Principal Place of Business Mailing Address 9601 JERONIMO ROAD 9601 JERONIMO ROAD IRVINE CA 92618 IRVINE CA 92618 2. Principal Place of Business 3. Mailing Address 26110 Enterprise Enterprise was 26110 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 33-0813169 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEO TITLE ☐ Delete TITLE KRETZMER, WILLIAM B NAME NAME 26110 Enterprise way
Lake forest, CA 93630
| Change | Addition 9601 JERONIMO RD STREET ADDRESS STREET ADDRESS **IRVINE CA 92618** CITY-ST-ZIP CITY-ST-ZIP CFO TITLE ☐ Delete TITLE DOLAN, JIM NAME NAME 26110 Enterprise way
Lake Forest, CA 92630
Bichange 9601 JERONIMO RD STREET ADDRESS STREET ADDRESS IRVINE CA 92618 CITY-ST-ZIP CITY-ST-7IP TITLE TITI F ☐ Delete RESSLER, RICHARD S NAME NAME 26110 Enterprise way Lake forest, CA 92630 9601 JERONIMO RD STREET ADDRESS STREET ADDRESS IRVINE CA 92618 CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP

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 607, 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:

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR