2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# F99000004772

Entity Name: ZMC HOTELS, INC.

Current Principal Place of Business:

525 S LAKE AVENUE
SUITE 405
DULUTH, MN 55802

New Principal Place of Business:

Current Mailing Address:

525 S LAKE AVENUE
SUITE 405
DULUTH, MN 55802

New Mailing Address:

FEI Number: 41-1425128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	GOLDFINE, AMY	
Address:	8081 EAST RITA DRIVE	
City-St-Zip:	SCOTTSDALE, AZ 85255	
Title:	COB	( ) Delete
Name:	GOLDFINE, KENNETH	
Address:	10861 EAST FANFOL	
City-St-Zip:	SCOTTSDALE, AZ 85259	
Title:	P	( ) Delete
Name:	GOLDFINE, JOHN	
Address:	525 SOUTH LAKE AVENUE, SUITE 405	
City-St-Zip:	DULUTH, MN 55802	
Title:	CF/T	( ) Delete
Name:	MACHELEDT, RAIJA	
Address:	525 SOUTH LAKE AVENUE, SUITE 405	
City-St-Zip:	DULUTH, MN 55802	
Title:	COO	( ) Delete
Name:	TORVINEN, TODD	
Address:	525 SOUTH LAKE AVENUE, SUITE 405	
City-St-Zip:	DULUTH, MN 55802	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: RAIJA A. MACHELEDT CF/T 03/25/2009

Electronic Signature of Signing Officer or Director — Date