

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # F99000005081

1. Entity Name
WW LODGING, INC.



Principal Place of Business

5847 SAN FELIPE #4650
HOUSTON, TX 77057

Mailing Address

5847 SAN FELIPE #4650
HOUSTON, TX 77057



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-1503436

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000913300
05/08/08-80011-003 150.00

10. OFFICERS AND DIRECTORS

TITLE V
NAME WILLIAMS, TODD
STREET ADDRESS 85 BROAD STREET, 19TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10004

TITLE P
NAME NEIDICH, DANIEL M
STREET ADDRESS 120 EAST END AVENUE, APT. 7A
CITY-ST-ZIP NEW YORK, NY 10028

TITLE V
NAME MANGALJI, MOEZ
STREET ADDRESS 2 SMITHDALE ESTATES
CITY-ST-ZIP HOUSTON, TX 77024

TITLE S
NAME NAUGHTON, KEVIN D
STREET ADDRESS 44 AMHERST ROAD
CITY-ST-ZIP PORT WASHINGTON, NY 11050

TITLE T
NAME WEIL, DAVID M
STREET ADDRESS 19 EAST 80TH STREET, APT. 8B
CITY-ST-ZIP NEW YORK, NY 10021

TITLE AS
NAME THOWFEEK, MOHAMED
STREET ADDRESS 5847 SAN FELIPE #4650
CITY-ST-ZIP HOUSTON, TX 77057

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IN THIS SPACE**

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 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:

Mohamed Thowfeek
Assistant Secretary

4/19/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #