


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90305 014 ***150.00

DOCUMENT # F99000005867 1. Entity Name ROUGE 3 HOSPITALITY LEASING, INC.					
Principal Place of Business 14651 DALLAS PARKWAY STE. 500 DALLAS, TX 75254			Mailing Address 14651 DALLAS PARKWAY STE. 500 DALLAS, TX 75254		
2. Principal Place of Business 4001 INTERNATIONAL PKWY Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 117508 Suite, Apt. #, etc.			
City & State CARROLLTON TX		City & State CARROLLTON TX		4. FEI Number 51-0393654	
Zip 75007		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALJEAN, JEAN F 245 PARK AVE NEW YORK, NY 10167 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. GEORGES LE MENER 4001 INTERNATIONAL PKWY CARROLLTON TX 75007 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CROZIER, BARRY A 300 DELAWARE AVENUE, SUITE 571 WILMINGTON, DE 19801 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PROTOKOWICZ, DANIEL 300 DELAWARE AVENUE, SUITE 571 WILMINGTON, DE 19801 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CONNER, EILEEN T 300 DELAWARE AVENUE, SUITE 571 WILMINGTON, DE 19801 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DARRELL K. LANE 300 DELAWARE AVENUE, SUITE 571 WILMINGTON, DE 19801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, BENJAMIN 33 AVE DU MAINE PARIS, CEDEX FRANCE, 15 75755 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVIER POIROT 4001 INTERNATIONAL PKWY CARROLLTON TX 75007 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY DORRIS 306 WEST 7TH STREET FORT WORTH TX 76102 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Barry A. Crozier</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/13/04 (302) 427-5983 Date Daytime Phone #		