FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 APR 29 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H38902** **(3)**

1. Corporation Name

WEST COAST HOTELS, INC.

Principal Place of Business	Mailing Address
100 SUMMIT LAKE DRIVE 3RD FLOOR NORTH VALHALLA NY 10595 US	100 SUMMIT LAKE DRIVE 3RD FLOOR NORTH VALHALLA NY 20595 US

500001799015
-04/29/96--01067--021
****200.00 ****200.00

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 1886 RouTe 52	Suite, Apt. #, etc. 27 1886 RouTe 52
City & State 23 Hopewell Junction, N.Y.	City & State 28 Hopewell Junction, N.Y.
Zip 24 12533	Country 25 US	Zip 29 12533	Country 30 US

3. Date Incorporated or Qualified: **01/22/1985**

3a. Date of Last Report: **12/06/1995**

4. FEI Number: **13-3257979** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYS STREET

TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Marcia A. Hamer Marcia A. Hamer, Assistant Secretary 4/26/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when changing agent.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	TOLLMAN, STANLEY S.		1.2 NAME	
STREET ADDRESS	100 SUMMIT LAKE DRIVE		1.3 STREET ADDRESS	1886 RouTE 52
CITY-ST-ZIP	VALHALLA NY		1.4 CITY-ST-ZIP	Hopewell Junction, N.Y. 12533
TITLE	DP	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	HUNDLEY, MONTY D.		2.2 NAME	
STREET ADDRESS	100 SUMMIT LAKE DRIVE		2.3 STREET ADDRESS	1886 RouTE 52
CITY-ST-ZIP	VALHALLA NY		2.4 CITY-ST-ZIP	Hopewell Junction, N.Y. 12533
TITLE	DT	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	TOLLMAN, ARNOLD		3.2 NAME	
STREET ADDRESS	100 SUMMIT LAKE DRIVE		3.3 STREET ADDRESS	1886 RouTe 52
CITY-ST-ZIP	VALHALLA NY		3.4 CITY-ST-ZIP	Hopewell Junction, N.Y. 12533
TITLE	VPS	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	FREEDMAN, SANFORD		4.2 NAME	
STREET ADDRESS	100 SUMMIT LAKE DRIVE		4.3 STREET ADDRESS	1886 RouTe 52
CITY-ST-ZIP	VALHALLA NY		4.4 CITY-ST-ZIP	Hopewell Junction, N.Y 12533
TITLE		☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

VP Vice

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stanley Tollman Secy. 4/23/96 914-223-3603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #