

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L08677**

1. Entity Name
SOFITEL HOTELS USA, INC.

Principal Place of Business Mailing Address
245 PARK AVE 245 PARK AVE
NY NY 10167 NY NY 10167
US US

2. Principal Place of Business 3. Mailing Address
14651 DALLAS PARKWAY 14651 DALLAS PARKWAY
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 500 SUITE 500
 City & State City & State
DALLAS TX DALLAS TX
 Zip Country Zip Country
75254 USA 75254 USA

PS 192
 FILED

01 AUG 20 01 31 37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-1856700** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name **CT CORPORATION SYSTEM**
 Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
 City **PLANTATION** FL Zip Code **33324**

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.

SIGNATURE *Connie Bryan* **CONNIE BRYAN** **600004562596-3**
 Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)
SPECIAL ASSISTANT SECRETARY **-08/29/018/0088-023**
******550.00 ****550.00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, BENJAMIN 245 PARK AVE NEW YORK NY 10167	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEHODEY, JOHN 245 PARK AVE NEW YORK NY 10167	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HELD, JEFFREY S 30 ROCKEFELLER PLAZA NEW YORK NY 10112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFT BERRY, DANIEL E 245 PARK AVE NY NY 10167	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. (CON'T) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGES LE MENER 14651 DALLAS PARKWAY, SUITE 500 DALLAS, TX 75254	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEAN-FRANCOIS MALJEAN 245 PARK AVENUE NEW YORK, NY 10167	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARMAND E. SEBBAN 14651 DALLAS PARKWAY, SUITE 500 DALLAS, TX 75254	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILLES B. BENABENQ 33 AVENUE DU MAINE 75755 PARIS CEDEX 15 FRANCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLIVIER POIROT 245 PARK AVENUE NEW YORK, NY 10167	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALAN RABINOWITZ 14651 DALLAS PARKWAY, SUITE 500 DALLAS, TX 75254	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

972.702.1961

0132130 AT

CR2E034 (5/01)

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SOFITEL HOTELS USA, INC.

(CON'T.)

12.

AS

ADDITION

ROGER REITH

14651 DALLAS PARKWAY, SUITE 500

DALLAS, TX 75254

T

ADDITION

STEPHEN E. MANTHEY

14651 DALLAS PARKWAY, SUITE 500

DALLAS, TX 75254

AT

ADDITION

KENT E. HOWERTON

14651 DALLAS PARKWAY, SUITE 500

DALLAS, TX 75254

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Sofitel Hotels USA, Inc.;

[REDACTED]

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input checked="" type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____ 8/20/01 Order#: 4736848
 Availability _____
 Document _____
 Examiner _____ Ref#: _____
 Updater _____
 Verifier _____
 W.P. Verifier _____ Amount: \$ _____

RECEIVED
 01 AUG 20 AM 11: 25
 DIVISION OF CORPORATION

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615