

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90013 013 \*\*\*150.00

**DOCUMENT # L08677**

1. Entity Name  
**SOFITEL HOTELS, USA, INC.**

Principal Place of Business

**14651 DALLAS PARKWAY  
 SUITE 500  
 DALLAS TX 75254  
 US**

Mailing Address

**14651 DALLAS PARKWAY  
 SUITE 500  
 DALLAS TX. 75254  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

**C T 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALAN J. RABINOWITZ</b>	
STREET ADDRESS	<b>14651 DALLAS PARKWAY # 500</b>	
CITY-ST-ZIP	<b>DALLAS, TX 75254</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEPHEN E. MANTHEY</b>	
STREET ADDRESS	<b>14651 DALLAS PARKWAY # 500</b>	
CITY-ST-ZIP	<b>DALLAS, TX 75254</b>	
TITLE	<b>ASST. TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KENT. E HOWERTON</b>	
STREET ADDRESS	<b>14651 DALLAS PARKWAY # 500</b>	
CITY-ST-ZIP	<b>DALLAS TX 75254</b>	
TITLE	<b>ASST. SEC.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROGER REITH</b>	
STREET ADDRESS	<b>14651 DALLAS PARKWAY # 500</b>	
CITY-ST-ZIP	<b>DALLAS, TX 75254</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

**2-15-02**

Date

Daytime Phone #

CR2E034 (9/01)