

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90048 020 ***150.00



DOCUMENT # L08677
 1: Entity Name
ACCOR BUSINESS AND LEISURE NORTH AMERICA, 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
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94060711



2. Principal Place of Business 4001 INTERNATIONAL PKWY	3. Mailing Address 4001 INTERNATIONAL PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03162004 Chg-P CR2E034 (10/03)

City & State CARROLLTON, TX	City & State CARROLLTON, TX
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4. FEI Number 58-1856700	Applied For <input type="checkbox"/> Not Applicable
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Zip 75007	Country	Zip 75007	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALJEAN, JEAN-FRANCOIS 245 PARK AVE NEW YORK, NY 10167 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENER, GEORGES LE 14651 DALLAS PARKWAY, SUITE 500 DALLAS, TX 75254 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLIVIER, POIROT 14651 DALLAS PKWY, SUITE 500 DALLAS, TX 75254 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RABINOWITZ, ALAN 14651 DALLAS PARKWAY, SUITE 500 DALLAS, TX 75254 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANTHEY, STEPHEN E 14651 DALLAS PKWY, SUITE 500 DALLAS, TX 75254 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HOWERTON, KENT E 14651 DALLAS PKWY, SUITE 500 DALLAS, TX 75254 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVID O'SHAUGHNESSY 4001 INTERNATIONAL PKWY CARROLLTON, TX 75007 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 4001 INTERNATIONAL PKWY CARROLLTON, TX 75007 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4001 INTERNATIONAL PKWY CARROLLTON, TX 75007 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4001 INTERNATIONAL PKWY CARROLLTON, TX 75007 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4001 INTERNATIONAL PKWY CARROLLTON, TX 75007 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4001 INTERNATIONAL PKWY CARROLLTON, TX 75007 <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: Kent E Howerton 4-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #