

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005421

Entity Name: HOTELS.COM GP, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

3150 - 139TH AVENUE S.E.
BELLEVUE, WA 98005

New Principal Place of Business:

333 108TH AVENUE NE
BELLEVUE, WA 98004

Current Mailing Address:

3150 - 139TH AVENUE S.E.
ATTENTION: FRANK AUSTIN
BELLEVUE, WA 98005

New Mailing Address:

ATTN: LEGAL DEPT., LORI HAGSTROM
333 108TH AVENUE NE
BELLEVUE, WA 98004

FEI Number: 75-2942059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KHOSROWSHAH, DARA
Address: 3150 - 139TH AVENUE S.E.
City-St-Zip: BELLEVUE, WA 98005

Title: MGR () Delete
Name: NORTON, BURKE F
Address: 3150 - 139TH AVENUE S.E.
City-St-Zip: BELLEVUE, WA 98005

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KHOSROWSHAH, DARA
Address: 333 108TH AVENUE NE
City-St-Zip: BELLEVUE, WA 98004

Title: MGR (X) Change () Addition
Name: NORTON, BURKE F
Address: 333 108TH AVENUE NE
City-St-Zip: BELLEVUE, WA 98004

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AMY E. WEAVER

VP

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date