

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Aug 10, 2000 8:00 am
Secretary of State

06-23-2000 90106 042 ***150.00
 08-10-2000 90001 017 ***400.00

DOCUMENT # M41598
 1. Entity Name
CRITERION HOTEL MANAGEMENT CORP.

Principal Place of Business Mailing Address
 1950 STEMMONS FREEWAY 1950 STEMMONS FREEWAY
 SUITE 6001 SUITE 6001
 DALLAS TX 75207 DALLAS TX 75207-3107
 US US

2. Principal Place of Business 3. Mailing Address
Same as above *Same as above*

Suite, Apt. #, etc. Suite, Apt. #, etc.
u *u*

City & State City & State
u *u*

Zip Country Zip Country
u *u* *u* *u*

4. FEI Number Applied For
59-2753577 Not Applicable
 5- Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PELTZ, ARVIN
3250 MARY ST.
SUITE 500
MIAMI FL 33133

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

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CARREKER, JAMES D 1950 STEMMONS FREEWAY, #6001 DALLAS TX 75207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENTLEY, LESLIE V 1950 STEMMONS FREEWAY, #6001 DALLAS TX 75207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, LAWRENCE S 1950 STEMMONS FREEWAY, #6001 DALLAS TX 75207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORELAND, CARLA S 1950 STEMMONS FREEWAY, #6001 DALLAS TX 75207	<input 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael A. Grossman same as above	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Treasurer Richard L. Mahoney same as above	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary Beverly M. Houston same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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** 6/1/00 214863 1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E.034 (9/19)