


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**


04-23-2004 90191 006 \*\*\*150.00

<b>DOCUMENT # M41598</b> 1. Entity Name CRITERION HOTEL MANAGEMENT CORP.	
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Principal Place of Business 1950 STEMMONS FREEWAY SUITE 6001 DALLAS, TX 75207 US	Mailing Address 1950 STEMMONS FREEWAY SUITE 6001 DALLAS, TX 75207 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

14000030



03292004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2753577	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CEOP.	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLEISNER, FRED			NAME			
STREET ADDRESS	1950 STEMMONS FREEWAY, #6001			STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX 75207			CITY-ST-ZIP			
TITLE	COOV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TENG, TED			NAME			
STREET ADDRESS	1950 STEMMONS FREEWAY, #6001			STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX 75207			CITY-ST-ZIP			
TITLE	CFOV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, RICK			NAME			
STREET ADDRESS	1950 STEMMONS FREEWAY, #6001			STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX 75207			CITY-ST-ZIP			
TITLE	VPT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDRICK, JUDY			NAME			
STREET ADDRESS	1950 STEMMONS FREEWAY, #6001			STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX 75207			CITY-ST-ZIP			
TITLE	VDAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHLOUPEK, MARK			NAME			
STREET ADDRESS	1950 STEMMONS FREEWAY, #6001			STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX 75207			CITY-ST-ZIP			
TITLE	VPAS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORSE, JOHN			NAME			
STREET ADDRESS	1950 STEMMONS FRWY., STE. 6100			STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX 75207			CITY-ST-ZIP			

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:**  **Mark M. Chloupek** **4-2-04** **214 8631000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #