FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 19 1996 8:00 am
Secretary of State

DOCUMENT # **P02520** **(5)**

1. Corporation Name
THE RITZ-CARLTON HOTEL COMPANY

Principal Place of Business
3414 PEACHTREE ROAD, N.E.
SUITE 300
ATLANTA GA 30326

Mailing Address
3414 PEACHTREE ROAD, N.E.
SUITE 300
ATLANTA GA 30326

3. Date Incorporated or Qualified: 06/25/1984
3a. Date of Last Report: 05/01/1995
4. FEI Number: 58-1520432 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [illegible] — New Registered Agent signature required if registered agent — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, WILLIAM B.	1.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD. S-300	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	VCD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MARTINDALE,LARRY P.	2.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD. S-300	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	DT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FAUSSEMAGNE, JACK	3.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD. #300	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	EVPD XX DELETE	4.1 TITLE	President & Director ☐ Change ☐ Addition
NAME	MCGARRITY, DOUGLAS	4.2 NAME	Horst H. Schulze
STREET ADDRESS	3414 PEACHTREE RD. S-300	4.3 STREET ADDRESS	3414 Peachtree Rd., Suite 300
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	EVPD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STEPHENS, J. RICHARD	5.2 NAME	200001 75505.92
STREET ADDRESS	3414 PEACHTREE RD. S-300	5.3 STREET ADDRESS	03/20/96--01021--011
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	***200.00
TITLE	S ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CHAMBERS, RUFUS A.	6.2 NAME	
STREET ADDRESS	3414 PEACHTREE RD. S-300	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/12/96 404/237-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Rufus A. Chambers; Secretary

CR2E034 (12/95)