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

DOCUMENT # **P03155** **(9)**

1. Corporation Name

RADISSON HOTELS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
12755 STATE HIGHWAY 55 MINNEAPOLIS MN 55441	12755 STATE HIGHWAY 55 MINNEAPOLIS MN 55441

3. Date Incorporated or Qualified: **08/24/1984**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21:

Suite, Apt. #, etc.
22:

City & State
23:

Zip 24: Country 25:

2a. Mailing Address
26: P O Box 59159

Suite, Apt. #, etc.
27: ATTN : Tax Dept.

City & State
28: MInneapolis, MN

Zip 29: 55459-8250 Country 30:

4. FEI Number: **41-1458272** ☐ 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 ☒ No XX

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301

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 _____ (Signature typed or printed name of Registered Agent and title if applicable) (Note: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President & CEO	☒ Change ☐ Addition
NAME	BARTELS, J.		1.2 NAME	John Norlander	
STREET ADDRESS	12755 STATE HWY 55		1.3 STREET ADDRESS	12755 State Hwy 55	
CITY-ST-ZIP	MINNEAPOLIS MN		1.4 CITY-ST-ZIP	Minneapolis MN 55441	
TITLE	SV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERKWITZ, R.S.		2.2 NAME		
STREET ADDRESS	12755 STATE HWY 55		2.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		2.4 CITY-ST-ZIP		
TITLE	TV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DIRACLES, JOHN M.		3.2 NAME		
STREET ADDRESS	12755 STATE HWY. 55		3.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAMANN, D.M.		4.2 NAME		
STREET ADDRESS	12755 STATE HWY. 55		4.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OLSEN, JOHN P.		5.2 NAME		
STREET ADDRESS	12755 STATE HIGHWAY 55		5.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BEARMON, LEE		6.2 NAME		
STREET ADDRESS	12755 STATE HIGHWAY 55		6.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(i), 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: D M Hamann Darrel M. Hamann, Vice Pres. - Tax 4-22-96 612-540-5883

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