## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

12. I hereby certify that the inform indicated on this report or s of the corporation or the re changed, or on an attach

SIGNATURE:

addres

er like empowered.

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

## Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # P04000043508** 04-28-2005 90173 011 \*\*\*150.00 1. Entity Name **CLARION HOTEL MANAGEMENT CORPORATION** Principal Place of Business Mailing Address 14003740 1001 EAST ATLANTIC AVENUE 1001 EAST ATLANTIC AVENUE SUITE 202 SUITE 202 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business 3. Mailing Address 1000 M Suite, Apt. #, etc. Suite, Apt. #, etc 01102005 CR2E034 (10/03) Cha-P 300 e City & State City & State Applied For 4. REI Number Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 0 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRITCHFIELD, RICHARD H 1001 EAST ATLANTIC AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 201 DELRAY BEACH, FL 33483 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P/D TITLE ☐ Delete TITLE [ ] Change ☐ Addition NAME WALSH, MARK T NAME STREET ADDRESS 1001 EAST ATLANTIC AVENUE, SUITE 202 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP VP/D Delete TITLE Change ☐ Addition WALSH, MICHAEL P NAME NAME STREET ADDRESS 1001 EAST ATLANTIC AVENUE, SUITE 202 STREET ADDRESS CITY-ST-7IP DELRAY BEACH, FL 33483 CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME BERGER, ANDREW NAME STREET ADDRESS 1001 EAST ATLANTIC AVENUE, SUITE 202 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-7IP TITLE **EVP** ☐ Delete TITI F ☐ Chance ■ Addition NAME ADE, RICHARD C NAME 1001 EAST ATLANTIC AVENUE, SUITE 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP VP/N TITLE ☐ Delete TITLE ☐ Addition NAME WALSH, WILLIAM J NAME STREET ADDRESS 1001 EAST ATLANTIC AVENUE, SUITE 202 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CRITCHFIELD, RICHARD H NAME STREET ADDRESS 1001 EAST ATLANTIC AVENUE, SUITE 201 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP

Ation 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 operation 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 ver or trustee empowered a execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the wind address, with all and the like empowered.

**FILED**