

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90120 045 \*\*\*150.00

DOCUMENT # P05458

1. Corporation Name  
WESTIN HOTEL COMPANY

Principal Place of Business

2001 SIXTH AVENUE  
TAX DEPT.  
SEATTLE WA 98121

Mailing Address

2001 SIXTH AVENUE  
TAX DEPT.  
SEATTLE WA 98121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1985

4. FEI Number

94-1136744 91-1879730

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 777 WESTCHESTER AVE  
Suite, Apt. #, etc.

22 City & State

23 WHITE PLAINS NY

24 Zip Country

10604 U.S.A.

2a. Mailing Address

26 2231 E. CAMELBACK RD.  
Suite, Apt. #, etc.

27 400

28 City & State

PHOENIX AZ

29 Zip Country

85016 U.S.A.

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input checked="" type="checkbox"/> DELETE
NAME	BARTELS, JUERGEN	
STREET ADDRESS	THE HIGHLANDS	
CITY-ST-ZIP	SEATTLE WA	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, CATHERINE L.	
STREET ADDRESS	3626 12TH AVENUE WEST	
CITY-ST-ZIP	SEATTLE WA	
TITLE	PCOO	<input checked="" type="checkbox"/> DELETE
NAME	KLEISNER, FRED J	
STREET ADDRESS	4490 ROCKAWAY BEACH RD NE	
CITY-ST-ZIP	BAINBRIDGE ISLAND WA	
TITLE	CFOV	<input checked="" type="checkbox"/> DELETE
NAME	MAHONEY, RICHARD	
STREET ADDRESS	5654 194TH LANE SE	
CITY-ST-ZIP	ISSAQUAH WA	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	TENG, THEODORE	
STREET ADDRESS	RAFFLES CITY TOWER #29-04	
CITY-ST-ZIP	250 N BRIDGE RD SI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SUTTEN, DOUGLAS C	
STREET ADDRESS	19025 NE 151ST ST	
CITY-ST-ZIP	WOODINVILLE WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRED KLEISNER-P
1.3 STREET ADDRESS	777 WESTCHESTER AVENUE
1.4 CITY-ST-ZIP	WHITE PLAINS, NY 10604
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARK ROZELLS-V/T
2.3 STREET ADDRESS	2231 E CAMELBACK RD, STE 400
2.4 CITY-ST-ZIP	PHOENIX, AZ 85016
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES LATHAM-V/S
3.3 STREET ADDRESS	777 WESTCHESTER AVENUE
3.4 CITY-ST-ZIP	WHITE PLAINS, NY 10604
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PETER MORROW-AT
4.3 STREET ADDRESS	2231 E CAMELBACK RD, STE 400
4.4 CITY-ST-ZIP	PHOENIX, AZ 85016
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAVID HUGHES-AT
5.3 STREET ADDRESS	2231 E CAMELBACK RD, STE 400
5.4 CITY-ST-ZIP	PHOENIX, AZ 85016
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PETER ALPERT-AT
6.3 STREET ADDRESS	777 WESTCHESTER AVENUE
6.4 CITY-ST-ZIP	WHITE PLAINS, NY 10604

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with a letter like empowered.

SIGNATURE:

Peter Morrow

4/20/99

202-852-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0560998