

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P05458**

1. Entity Name

WESTIN HOTEL COMPANY

Principal Place of Business

Mailing Address

**777 WESTCHESTER AVE
WHITE PLAINS NY 10604****2231 E CAMELBACK RD
SUITE 400
PHOENIX AZ 85016-3435**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KLEISNER, FRED	
STREET ADDRESS	777 WESTCHESTER AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	

TITLE	VT	<input type="checkbox"/> Delete
NAME	ROZELLS, MARK	
STREET ADDRESS	2231 E CAMELBACK RD, STE 400	
CITY-ST-ZIP	PHOENIX AZ 85016	

TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	LATHAM, JAMES	
STREET ADDRESS	777 WESTCHESTER AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	

TITLE	AT	<input type="checkbox"/> Delete
NAME	MORROW, PETER	
STREET ADDRESS	2231 E CAMELBACK RD, STE 400	
CITY-ST-ZIP	PHOENIX AZ 85016	

TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, DAVID	
STREET ADDRESS	2231 E CAMELBACK RD, STE 400	
CITY-ST-ZIP	PHOENIX AZ 85016	

TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	ALPERT, PETER	
STREET ADDRESS	777 WESTCHESTER AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theodore W. Darnall	
STREET ADDRESS	777 Westchester Ave.	
CITY-ST-ZIP	White Plains, NY 10604	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas C. Janson, Jr.	
STREET ADDRESS	777 Westchester Ave.	
CITY-ST-ZIP	White Plains, NY 10604	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan M. Schnaid	
STREET ADDRESS	2231 E. Camelback Rd #400	
CITY-ST-ZIP	Phoenix, AZ 85016	

TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald C. Brown	
STREET ADDRESS	777 Westchester Ave.	
CITY-ST-ZIP	White Plains, NY 10604	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PETER MORROW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Peter Morrow**

Date

1-25-00 602/852-3900

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90129 049 ***150.00

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DO NOT WRITE IN THIS SPACE