

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

02-01-2000 90129 049 \*\*\*150.00

**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

**911952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-1436744**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  Delete  
 NAME **KLEISNER, FRED**  
 STREET ADDRESS **777 WESTCHESTER AVE**  
 CITY-ST-ZIP **WHITE PLAINS NY 10604**

TITLE **P**  Change  Addition  
 NAME **Theodore W. Darnall**  
 STREET ADDRESS **777 Westchester Ave.**  
 CITY-ST-ZIP **White Plains, NY 10604**

TITLE **VT**  Delete  
 NAME **ROZELLS, MARK**  
 STREET ADDRESS **2231 E CAMELBACK RD, STE 400**  
 CITY-ST-ZIP **PHOENIX AZ 85016**

TITLE  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **VS**  Delete  
 NAME **LATHAM, JAMES**  
 STREET ADDRESS **777 WESTCHESTER AVE**  
 CITY-ST-ZIP **WHITE PLAINS NY 10604**

TITLE **VS**  Change  Addition  
 NAME **Thomas C. Janson, Jr.**  
 STREET ADDRESS **777 Westchester Ave.**  
 CITY-ST-ZIP **White Plains, NY 10604**

TITLE **AT**  Delete  
 NAME **MORROW, PETER**  
 STREET ADDRESS **2231 E CAMELBACK RD, STE 400**  
 CITY-ST-ZIP **PHOENIX AZ 85016**

TITLE  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **AT**  Delete  
 NAME **HUGHES, DAVID**  
 STREET ADDRESS **2231 E CAMELBACK RD, STE 400**  
 CITY-ST-ZIP **PHOENIX AZ 85016**

TITLE **AT**  Change  Addition  
 NAME **Alan M. Schnaid**  
 STREET ADDRESS **2231 E. Camelbaek Rd #400**  
 CITY-ST-ZIP **Phoenix, Az 85016**

TITLE **AT**  Delete  
 NAME **ALPERT, PETER**  
 STREET ADDRESS **777 WESTCHESTER AVE**  
 CITY-ST-ZIP **WHITE PLAINS NY 10604**

TITLE **VT**  Change  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* **PETER MORROW**  Signature Required  
 Date: 1-25-00 Daytime Phone #: 602/852-3900