


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P08607 1. Entity Name ACCOR NORTH AMERICA, INC.	
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Principal Place of Business 4001 INTERNATIONAL PKWY CARROLLTON, TX 75007	Mailing Address P.O. BOX 117508 CARROLLTON, TX 75011
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**DO NOT WRITE IN THIS SPACE**



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number 77-0086501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD LEMENER, GEORGES 4001 INTERNATIONAL PKWY CARROLLTON, TX 75007
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS RABINOWITZ, ALAN J 4001 INTERNATIONAL PKWY CARROLLTON, TX 75007
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COHEN, BENJAMIN 33 AVENUE DU MAINE PARIS CEDEX 15, FR 75755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MANTHEY, STEPHEN 14651 DALLAS PKWY STE 500 DALLAS, TX 75254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STERN, JACQUES 33 AVENUE DU MAINE PARIS CEDEX 15, FR 75755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HOWERTON, KENT 14651 DALLAS PKWY #500 DALLAS, TX 75254

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04/09/05-80044-018 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: [Signature] 4-5-05 (972) 360-5557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #