


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90468 019 \*\*\*150.00

<b>DOCUMENT # P08607</b> 1. Entity Name <b>ACCOR NORTH AMERICA, INC.</b>					
Principal Place of Business <b>4001 INTERNATIONAL PKWY CARROLLTON, TX 75007</b>			Mailing Address <b>P.O. BOX 117508 CARROLLTON, TX 75011</b>		
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				7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CPD LEMENER, GEORGES <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4001 INTERNATIONAL PKWY		NAME		
STREET ADDRESS	CARROLLTON, TX 75007		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VS RABINOWITZ, ALAN J <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4001 INTERNATIONAL PKWY		NAME		
STREET ADDRESS	CARROLLTON, TX 75007		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D COHEN, BENJAMIN <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	33 AVENUE DU MAINE		NAME		
STREET ADDRESS	PARIS CEDEX 15, FR 75755		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VT MANTHEY, STEPHEN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	14651 DALLAS PKWY STE 500		NAME		
STREET ADDRESS	DALLAS, TX 75254		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D STERN, JACQUES <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	33 AVENUE DU MAINE		NAME		
STREET ADDRESS	PARIS CEDEX 15, FR 75755		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V HOWERTON, KENT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	14651 DALLAS PKWY #500		NAME		
STREET ADDRESS	DALLAS, TX 75254		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.					
SIGNATURE: <u>Kent E. Howerton</u> <b>KENT E. HOWERTON</b> 4-26-06 (972) 360-5557 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					