

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # P11148

1. Entity Name
GROSVENOR DUTCH INN, INC.



Principal Place of Business
**C/O GROSVENOR PROPERTIES LTD.
200 CALIFORNIA STREET, 6TH FLOOR
SAN FRANCISCO, CA 94111-4343**

Mailing Address
**C/O GROSVENOR PROPERTIES LTD.
200 CALIFORNIA STREET, 6TH FLOOR
SAN FRANCISCO, CA 94111-4343**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2189328	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WERBY, TODD 200 CALIFORNIA STREET, 6TH FLOOR SAN FRANCISCO, CA 941114343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALLAGHER, SUSANNE 200 CALIFORNIA STREET, 6TH FLOOR SAN FRANCISCO, CA 941114343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST NOKES, STEVEN 200 CALIFORNIA STREET, 6TH FLOOR SAN FRANCISCO, CA 941114343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CROLEY, DANIEL 200 CALIFORNIA STREET, 6TH FLOOR SAN FRANCISCO, CA 941114343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOSS, JAMES 200 CALIFORNIA STREET, 6TH FLOOR SAN FRANCISCO, CA 941114343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Steven Nokes **STEVEN NOKES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-07 (415) 421-5940