

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12438 (8)

1. Corporation Name

STARWOOD LODGING CORPORATION



Principal Place of Business

Mailing Address

**11845 WEST OLYMPIC BLVD., SUITE 550
LOS ANGELES CA 90064**

**11845 WEST OLYMPIC BLVD., SUITE 550
LOS ANGELES CA 90064**

3. Date Incorporated or Qualified
12/10/1986

3a. Date of Last Report
07/06/1995

2. Principal Place of Business

2a. Mailing Address

21 **11835 W. Olympic Blvd.**

26 **11835 W. Olympic Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **675**

27 **675**

City & State

City & State

23 **LA, CA**

28 **LA, CA**

Zip

Country

Zip

Country

24 **90064**

25 **USA**

29 **90064**

30 **USA**

4. FEI Number

52-1193298

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE

NAME **MALLORY, KEVIN E**
STREET ADDRESS **11845 WEST OLYMPIC BLVD., STE. 550**
CITY-ST-ZIP **LOS ANGELES CA 90064**

TITLE **ASAT** ☐ DELETE

NAME **MCCAIN, CHARLES**
STREET ADDRESS **11845 WEST OLYMPIC BOULEVARD, SUITE 550**
CITY-ST-ZIP **LOS ANGELES CA**

TITLE **VTS** ☐ DELETE

NAME **LING, WILLIAM H.**
STREET ADDRESS **11968 ALLBROOK**
CITY-ST-ZIP **POWAY CA**

TITLE **D** ☐ DELETE

NAME **FORD, BRUCE M.**
STREET ADDRESS **139 RUE DE GRANDE**
CITY-ST-ZIP **BRENTWOOD TN**

TITLE **D** ☐ DELETE

NAME **JONES, EARLE F.**
STREET ADDRESS **2552 LAKE CIRCLE**
CITY-ST-ZIP **JACKSON MS**

TITLE **D** ☐ DELETE

NAME **HENDERSON, GRAEME W**
STREET ADDRESS **1613 VISTA LANE**
CITY-ST-ZIP **PASADENA CA 91320**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **11835 W. Olympic Blvd., Ste 675**
1.4 CITY-ST-ZIP **LA, CA 90064**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Treasurer**
2.3 STREET ADDRESS **McCain, Charles**
2.4 CITY-ST-ZIP **11835 W. Olympic Blvd., Ste 675**
LA, CA 90064

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Secretary**
3.3 STREET ADDRESS **Azevedo, Helen D.**
3.4 CITY-ST-ZIP **11835 W. Olympic Blvd., Ste 675**
LA, CA 90064

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **104 East Park Drive #300**
4.4 CITY-ST-ZIP **Brentwood, TN 37027**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS **1817 Crane Ridge Road**
5.4 CITY-ST-ZIP **Jackson, MS 39216**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS **1777 La Cresta Lane**
6.4 CITY-ST-ZIP **Pasadena, CA 91103**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

Date

310-575-3900

Daytime Phone #

CR2E034 (12/95)