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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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
11835 W OLYMPIC BLVD STE 675 LA CA 90064 US	11835 W OLYMPCI BLVD STE 675 LA CA 90064-5001 US

2. Principal Place of Business	21 2231 E. CAMELBACK RD
Suite, Apt. #, etc.	22 STE 400
City & State	23 PHOENIX AZ
Zip / Country	[redacted]
2a. Mailing Address	26 2231 E CAMELBACK RD
Suite, Apt. #, etc.	27 STE 400
City & State	28 PHOENIX AZ
Zip	29 85016
Country	30 USA

3. Date Incorporated or Qualified: 12/10/1986
3a. Date of Last Report: 04/19/1996
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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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	11835 W OLYMPIC BLVD STE 675	
CITY-ST-ZIP	LOS ANGELES CA	
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	11966 ALLBROOK	
CITY-ST-ZIP	POWAY CA	
TITLE	D	☒ DELETE
NAME	FORD, BRUCE M.	
STREET ADDRESS	104 EAST PARK DR STE 300	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	D	☒ DELETE
NAME	JONES, EARLE F.	
STREET ADDRESS	1817 CRANE RODGE RD	
CITY-ST-ZIP	JACKSON MS	
TITLE	D	☒ DELETE
NAME	HENDERSON, GRAEME W	
STREET ADDRESS	1777 LA CRESTA LANE	
CITY-ST-ZIP	PASADENA CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☐ Change ☒ Addition
1.2 NAME	ERIC A. DANZIGER	
1.3 STREET ADDRESS	2231 E. CAMELBACK RD, #400	
1.4 CITY-ST-ZIP	PHOENIX, AZ 85016	
2.1 TITLE	V/D	☐ Change ☒ Addition
2.2 NAME	THEODORE W. DARNALL	
2.3 STREET ADDRESS	2231 E. CAMELBACK RD, #400	
2.4 CITY-ST-ZIP	PHOENIX, AZ 85016	
3.1 TITLE	S/D	☐ Change ☒ Addition
3.2 NAME	NIR E. MARGALIT	
3.3 STREET ADDRESS	2231 E. CAMELBACK RD, # 400	
3.4 CITY-ST-ZIP	PHOENIX AZ 85016	
4.1 TITLE	T	☐ Change ☒ Addition
4.2 NAME	CHARLES E. McCAIN	
4.3 STREET ADDRESS	2231 E. CAMELBACK RD, #400	
4.4 CITY-ST-ZIP	PHOENIX AZ 85016	
5.1 TITLE	V	☐ Change ☒ Addition
5.2 NAME	ALAN SCHNAID	
5.3 STREET ADDRESS	2231 E CAMELBACK RD, #400	
5.4 CITY-ST-ZIP	PHOENIX AZ 85016	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do 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 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: ALAN M. SCHNAID 4-25-97 602/852-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #