

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0552788

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90120 046 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P12438**

1. Corporation Name

**STARWOOD HOTELS & RESORTS WORLDWIDE, INC.**

Principal Place of Business

**2231 E CAMELBACK RD**  
**STE 400**  
**PHOENIX AZ 85016**  
**US**

Mailing Address

**2231 E CAMELBACK RD**  
**STE 400**  
**PHOENIX AZ 85016**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/10/1986**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 777 WESTCHESTER AVE**  
Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

**23 WHITE PLAINS NY**

City & State

Zip Country

**24 10604** **25 USA**

**29** **30**

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME **PD PANZIGER, ERIC A**  
STREET ADDRESS **2231 E CAMELBACK RD, 400**  
CITY-ST-ZIP **PHOENIX AZ**

TITLE ☒ DELETE  
NAME **VD DARNALL, THEODORE W**  
STREET ADDRESS **2231 E CAMELBACK RD, 400**  
CITY-ST-ZIP **PHOENIX AZ**

TITLE ☒ DELETE  
NAME **SD MARGALIT, NIR E**  
STREET ADDRESS **2231 E CAMELBACK RD 400**  
CITY-ST-ZIP **PHOENIX AZ**

TITLE ☒ DELETE  
NAME **T MCCAIN, CHARLES E**  
STREET ADDRESS **2231 E CAMELBACK RD, 400**  
CITY-ST-ZIP **PHOENIX AZ**

TITLE ☒ DELETE  
NAME **V SCHNAID, ALAN**  
STREET ADDRESS **2231 E CAMELBACK RD 400**  
CITY-ST-ZIP **PHOENIX AZ**

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME **RICHARD D. NANULA-P**  
1.3 STREET ADDRESS **777 WESTCHESTER AVENUE**  
1.4 CITY-ST-ZIP **WHITE PLAINS, NY 10604**  
☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME **MARK ROZELLS-V/T**  
2.3 STREET ADDRESS **2231 E CAMELBACK RD, STE 400**  
2.4 CITY-ST-ZIP **PHOENIX, AZ 85016**  
☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME **JAMES LATHAM-V/S**  
3.3 STREET ADDRESS **777 WESTCHESTER AVENUE**  
3.4 CITY-ST-ZIP **WHITE PLAINS, NY 10604**  
☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME **PETER MORROW-AT**  
4.3 STREET ADDRESS **2231 E CAMELBACK RD, STE 400**  
4.4 CITY-ST-ZIP **PHOENIX, AZ 85016**  
☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME **DAVID HUGHES-AT**  
5.3 STREET ADDRESS **2231 E CAMELBACK RD, STE 400**  
5.4 CITY-ST-ZIP **PHOENIX, AZ 85016**  
☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME **JAMES P. GALLAGHER-V**  
6.3 STREET ADDRESS **777 WESTCHESTER AVENUE**  
6.4 CITY-ST-ZIP **WHITE PLAINS, NY 10604**  
☐ Change ☒ Addition

14. I 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, with a power of attorney.

SIGNATURE:

*Peter Morrow*

PETER MORROW

4-20-99

602-852-3920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)