## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## **DOCUMENT # P12438**

1. Entity Name

STARWOOD HOTELS & RESORTS WORLDWIDE, INC.



## **FILED** Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90312 005 \*\*\*150.00

Principal Plac	e of Business	Mailing Address									
1111 WESTCHESTER AVENUE WHITE PLAINS NY 10604 US		2231 E. CAMELBACK RD. SUITE 400 PHOENIX AZ 85016 US									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)						
City & State		City & State		<b>4.</b> F	52-1193298	<u> </u>	plied For t Applicable				
Zip Country		Zip Country		ry	5. Certificate of Status Desired   \$8.75 Additional Fee Required						
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent							
				Name							
120	CORPORATION SYSTEM  0 S. PINE ISLAND ROAD  NTATION FL 33324			Street Address (P.O. Box Number is Not Acceptable)							
run	NYATION LE 33324			O:h			7:-0-4				
				City		F	Zip Code	9			
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. Lam familiar with, and accept the obligations of registered agent.											
SIGNATURE  Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing     Trust Fund Contribution.		O May Be I to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11			
'.TITLE	PD	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition			
NAME	STERNLICHT, BARRY S	NAM						_			
STREET ADDRESS	1111 WESTCHESTER AVENUE		STREE	T ADDRESS	ESS						
CITY-ST-ZIP	WHITE PLAINS NY 10604		CITY-	ST-ZIP							
TITLE	SVPT Delete TITE		TITLE				☐ Change	Addition			
NAME			NAME								
STREET ADDRESS CITY-ST-ZIP			1	T ADDRESS   ST-ZIP							
TITLE	vs	☐ Delete	TITLE				Change	Addition			
NAME	one one of the transfer of the		NAME								
STREET ADDRESS*	11111 WESTCHESTER AVENUE			T ADDRESS							
CITY-ST-ZIP	WHITE PLAINS NY 10604		CITY-	ST-ZIP							
TITLE	SVP	☐ Delete	TITLE				Change	Addition			
NAME	MORROW, PETER	20	NAME								
STREET ADDRESS CITY - ST - ZIP	2231 E. CAMELBACK RD., STE. 40 PHOENIX AZ 85016	<i>,</i> 0		ET ADDRESS ST-ZIP		`					
	VCFO ,				11000	· · · · · · · · · · · · · · · · · · ·					
TITLE	BROWN, RONALD C	Delete	TITLE		VCFO	+ Deablass	☐ Change	Addition			
NAME STREET ADDRESS	2004 E 0115 B104 BB #400		NAME	: Et address	Vasant Prabhu 1111 Westchester Avenue White Plains, NY 10604						
CITY-ST-ZIP	DUOTE IN A TOTAL			ST-ZIP	111114	UESICNESIER FIVE PILLE	1-14				
		<b>7</b>	_		WILL	e trains, IVY 100	007	["] Approximate			
TITLE NAME		☐ Delete	TITLE		1		☐ Change	Addition			
STREET ADDRESS				: Et address							
CITY-ST-ZIP				ST-ZIP							
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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 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.

C.I.	CN	IATI	IRE	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR