

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90157 024 ***150.00

DOCUMENT # P12438

1. Entity Name

STARWOOD HOTELS & RESORTS WORLDWIDE, INC.



Principal Place of Business

1111 WESTCHESTER AVENUE
WHITE PLAINS NY 10604
US

Mailing Address

2231 E. CAMELBACK RD.
SUITE 400
PHOENIX AZ 85016
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
52-1193298

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STERNLICHT, BARRY S	
STREET ADDRESS	1111 WESTCHESTER AVENUE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	SVPT	<input type="checkbox"/> Delete
NAME	DREW, JEFF S	
STREET ADDRESS	1111 WESTCHESTER AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SIEGEL, KENNETH S	
STREET ADDRESS	1111 WESTCHESTER AVENUE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	MORROW, PETER	
STREET ADDRESS	2231 E. CAMELBACK RD., STE. 400	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	PRABHU, VASANT	
STREET ADDRESS	1111 WESTCHESTER AVE.	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	SAVRANN, RUSSELL C	
STREET ADDRESS	1111 WESTCHESTER AVENUE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven J. Hoyer	
STREET ADDRESS	1111 Westchester Ave	
CITY-ST-ZIP	White Plains, NY 10604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	As	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jared T. Finkelstein	
STREET ADDRESS	1111 Westchester Ave	
CITY-ST-ZIP	White Plains, NY 10604	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

P. Morrow

Peter Morrow

4-24-06

(402) 852-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #