

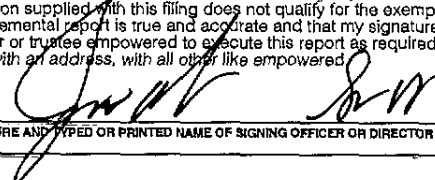


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P12490</b> 1. Entity Name <b>BELZ HOTEL MANAGEMENT CO., INC.</b>			
Principal Place of Business <b>100 PEABODY PL STE 1400 MEMPHIS, TN 38103 US</b>		Mailing Address <b>100 PEABODY PLACE STE 1400 MEMPHIS, TN 38103 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01062005 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>62-1157955</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS			
TITLE	PD	<b>DO NOT WRITE IN THIS SPACE</b>  1100000272265 03/21/05-80083-023 150.00	
NAME	BELZ, MARTIN S.		
STREET ADDRESS	100 PEABODY PL. #1400		
CITY-ST-ZIP	MEMPHIS, TN 38103		
TITLE	STD		
NAME	WILLIAMS, JIMMIE D.		
STREET ADDRESS	100 PEABODY PL. #1400		
CITY-ST-ZIP	MEMPHIS, TN 38103		
TITLE	VD		
NAME	BELZ, RONALD A.		
STREET ADDRESS	100 PEABODY PL.		
CITY-ST-ZIP	MEMPHIS, TN 38103		
TITLE	VP		
NAME	GROVEMAN, ANDREW		
STREET ADDRESS	100 PEABODY PL. #1400		
CITY-ST-ZIP	MEMPHIS, TN 38103		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: 		Date <b>3/16/05</b>	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			