


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # P12490	
1. Entity Name BELZ HOTEL MANAGEMENT CO., INC.	

Principal Place of Business 100 PEABODY PL STE 1400 MEMPHIS, TN 38103 US	Mailing Address 100 PEABODY PLACE STE 1400 MEMPHIS, TN 38103 US
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1157955	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	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

**DO NOT WRITE
IN THIS SPACE**

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02/20/08-80051-019 150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jimmie D. Williams

Date

Daytime Phone #

1-29-08

901-767-4780