


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P14556
 1. Entity Name
 COASTAL HOTEL GROUP, INC.



Principal Place of Business 211 E ONTARIO 400 CHICAGO, IL 60611 US	Mailing Address 211 E ONTARIO 400 CHICAGO, IL 60611 US
---	---



01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3513905	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION INFORMATION SERVICES, INC.
 1201 HAYES STREET
 TALLAHASSEE, FL 32301

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 re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAUSHALLER, MARK K 211 E ONTARIO ST STE 400 CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARUZZA, RALPH 211 E ONTARIO ST STE 400 CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TOMS, DOUGLAS 211 E ONTARIO ST STE 400 CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERSHMAN, GRAHAM 211 E ONTARIO 400 CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000076066
 03/04/04-80012-013 150.00

DO NOT WRITE IN THIS SPACE

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 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: Mark K. Haushaller 3/04 312-988-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #