

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P17973 (9)**

1. Corporation Name
HARRAH'S-HOLIDAY INNS OF NEW JERSEY, INC.



Principal Place of Business: **1023 CHERRY RD. MEMPHIS TN 38117-5423**
Mailing Address: **1023 CHERRY RD. MEMPHIS TN 38117-5423**

3. Date Incorporated or Qualified: **02/10/1988**
3a. Date of Last Report: **05/01/1995**
4. FE# Number: **62-1071040**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. 2a. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: **FL** 85. Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MON, HECTOR	
STREET ADDRESS	1725 BRIGANTINE BLVD	
CITY-STATE-ZIP	ATLANTIC CITY NJ	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, JAMES E.	
STREET ADDRESS	1725 BRIGANTINE BLVD.	
CITY-STATE-ZIP	ATLANTIC CITY NJ	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	DOMENICO, JOSEPH	
STREET ADDRESS	1725 BRIGANTINE BLVD.	
CITY-STATE-ZIP	ATLANTIC CITY NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SATRE, PHILIP G.	
STREET ADDRESS	1023 CHERRY RD	
CITY-STATE-ZIP	MEMPHIS TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	REGAN, MICHAEL N	
STREET ADDRESS	1023 CHERRY RD.	
CITY-STATE-ZIP	MEMPHIS TN 38117-5423	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE, DEE A	
STREET ADDRESS	1023 CHERRY RD.	
CITY-STATE-ZIP	MEMPHIS TN 38117-5423	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TIMOTHY J. WILMOTT	
1.3 STREET ADDRESS	1725 BRIGANTINE BLVD	
1.4 CITY-STATE-ZIP	ATLANTIC CITY, NJ 08401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MILDRED J. ELLISON	
2.3 STREET ADDRESS	1725 BRIGANTINE BLVD	
2.4 CITY-STATE-ZIP	ATLANTIC CITY, NJ 08401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JERRY BOONE	
3.3 STREET ADDRESS	1725 BRIGANTINE BLVD.	
3.4 CITY-STATE-ZIP	ATLANTIC CITY, NJ 08401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STEPHEN H. BRAMMELL	
4.3 STREET ADDRESS	1023 CHERRY RD.	
4.4 CITY-STATE-ZIP	MEMPHIS, TN 38117-5423	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILLIAM S. McCALMONT	
5.3 STREET ADDRESS	1023 CHERRY RD.	
5.4 CITY-STATE-ZIP	MEMPHIS, TN 38117-5423	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael N. Regan* Michael N. Regan 2/28/96 (901) 762-8606
DATE: _____ DAY: _____

CR2E034 (12/95)

P17973

HARRAH'S HOLIDAY INNS OF NEW JERSEY, INC.

FEIN 62-1071040

DIRECTORS

NAME	BUSINESS ADDRESS
Philip G. Satre	1023 Cherry Road Memphis, TN 38117-5423
Timothy J. Wilmott	777 Harrah Blvd. Atlantic City, NJ 08401

OFFICERS

NAME	BUSINESS ADDRESS	TITLE
Philip G. Satre	1023 Cherry Road Memphis, TN 38117-5423	Chief Executive Officer
Timothy J. Wilmott	777 Harrah Blvd. Atlantic City, NJ 08401	President
Michael N. Regan	1023 Cherry Road Memphis, TN 38117-5423	Vice President
Mildred J. Ellison	777 Harrah Blvd. Atlantic City, NJ 08401	V.P./Human Resources
Jerry Boone	777 Harrah Blvd. Atlantic City, NJ 08401	Vice President/ Secretary
Joseph A. Domenico	1725 Brigantine Blvd. Atlantic City, NJ 08401	Vice President/ Treasurer
Stephen H. Brammell	1023 Cherry Road Memphis, TN 38117-5423	Assistant Secretary
William S. McCalmont	1023 Cherry Road Memphis, TN 38117-5423	Assistant Secretary