## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P18150

Apr 20, 2004 Secretary of State

Entity Name: SC HOTELS MANAGEMENT SERVICES, INC.

**Current Principal Place of Business: New Principal Place of Business:** THREE RAVINIA DRIVE SUITE 2900, C/O CORPORATE TAX ATLANTA, GA 303462149 US **Current Mailing Address: New Mailing Address:** THREE RAVINIA DRIVE SUITE 2900, C/O CORPORATE TAX ATLANTA, GA 303462149 US FEI Number: 58-1758340 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition CORR, MICHAEL Name: Name: MURRAY, TOM THREE RAVINIA DR., SUITE 2900 THREE RAVINIA DR., SUITE 2900 Address: Address: City-St-Zip: ATLANTA, GA City-St-Zip: ATLANTA, GA VPT Title: **VPTD** Title: ( ) Delete (X) Change ( ) Addition CHITTY, ROBERT Name: Name: CHITTY, ROBERT THREE RAVINIA DR. THREE RAVINIA DR. Address: Address: City-St-Zip: ATLANTA, GA 30346 City-St-Zip: ATLANTA, GA 30346 Title: Title: ( ) Delete (X) Change ( ) Addition TEAGUE, BAILEY KOWALESKI, RICK Name: Name: THREE RAVINIA DR. THREE RAVINIA DR. Address: Address: City-St-Zip: ATLANTA, GA 30346 City-St-Zip: ATLANTA, GA 30346 Title: ٧S () Delete Title: VΡ (X) Change ( ) Addition KACENA, JAMES L GUNKEL, BOB Name: Name: Address: THREE RAVINIA DR, SUITE 2900 Address: THREE RAVINIA DR, SUITE 2900 City-St-Zip: City-St-Zip: ATLANTA, GA ATLANTA, GA Title: Title: ( ) Delete () Change () Addition MEYER-ROBERTS, BARBARA J Name: Name: 747 THIRD AVE 26TH FLOOR Address: Address: City-St-Zip: NEW YORK, NY 10017 City-St-Zip: Title: DVP () Delete Title: **VPS** (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

HOM, DAVID

THREE RAVINIA DR.

ATLANTA, GA 30346

SIGNATURE: BARBARA MEYER-ROBERTS AS 04/20/2004

KURNIT, JONATHAN

THREE RAVINIA DR.

ATLANTA, GA 30346

Name:

Address:

City-St-Zip: