

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P22216 (6)**  
1. Corporation Name  
**SRS HOTELS STEIGENBERGER RESERVATION SERVICE INC**



Principal Place of Business <b>152 W 57TH STREET NEW YORK NY 10019 US</b>	Mailing Address <b>152 W 57TH STREET NEW YORK NY 10019 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/21/1988</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>13-2846057</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 FL		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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>Managing Director</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>WEIDMANN, STEFFAN</b>			1.2 NAME	<b>Wolf, Rudiger Uhlig</b>		
STREET ADDRESS	<b>152 W 57 STREET</b>			1.3 STREET ADDRESS	<b>152 W 57 Street</b>		
CITY-ST-ZIP	<b>NEY YOUR NY</b>			1.4 CITY-ST-ZIP	<b>New York, NY 10019</b>		
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BRILL, EDWARD N</b>			2.2 NAME			
STREET ADDRESS	<b>152 W 57TH STREET</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NEW YORK NY</b>			2.4 CITY-ST-ZIP			
TITLE	<b>CEO</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>AGEL, PETER D</b>			3.2 NAME			
STREET ADDRESS	<b>152 W 57TH STREET</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NEW YORK NY</b>			3.4 CITY-ST-ZIP			
TITLE	<b>CFO</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ELKE, SCHADE</b>			4.2 NAME			
STREET ADDRESS	<b>152 W 57TH STREET</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NEW YORK NY</b>			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_

CR2E034 (10/97)