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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90261 040 \*\*\*150.00

DOCUMENT #

P23566

1. Corporation Name

TRIMARK HOTEL CORPORATION

Principal Place of Business

5775 DTC Boulevard  
Suite 300  
Englewood, CO 80111

Mailing Address

5775 DTC Boulevard  
Suite 300  
Englewood, CO 80111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
March 24, 1989

2. Principal Place of Business

5775 DTC Boulevard

2a. Mailing Address

5775 DTC Boulevard

4. FEI Number  
75-2209612

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

Englewood, CO

City & State

Englewood, CO

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip Country

80111 25 USA

Zip Country

80111 30 USA

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☐ Change ☒ Addition

1.2 NAME

Thomas J. O'Leary

1.3 STREET ADDRESS

5775 DTC Boulevard, Suite 300

1.4 CITY-ST-ZIP

Englewood, CO 80111

2.1 TITLE

VTD

☐ Change ☐ Addition

2.2 NAME

Michael Sheh

2.3 STREET ADDRESS

5775 DTC Boulevard, Suite 300

2.4 CITY-ST-ZIP

Englewood, CO 80111

3.1 TITLE

VS

☐ Change ☐ Addition

3.2 NAME

Lyle L. Boll

3.3 STREET ADDRESS

5775 DTC Boulevard, Suite 300

3.4 CITY-ST-ZIP

Englewood, CO 80111

4.1 TITLE

V

☐ Change ☒ Addition

4.2 NAME

John A. Lambert

4.3 STREET ADDRESS

5775 DTC Boulevard, Suite 300

4.4 CITY-ST-ZIP

Englewood, CO 80111

5.1 TITLE

D

☐ Change ☐ Addition

5.2 NAME

Daniel S.Y. Bong

5.3 STREET ADDRESS

18/F Paliburg Plaza, 68 Yee Wo Street

5.4 CITY-ST-ZIP

Causeway Bay, Hong Kong

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Lyle L. Boll*

Lyle L. Boll, VP/Secretary

April 27, 1999

303-220-2485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)