

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23566

1. Entity Name

TRIMARK HOTEL CORPORATION

Principal Place of Business

5775 DTC BLVD.  
SUITE 300  
ENGLEWOOD CO 80111

Mailing Address

5775 DTC BLVD.  
SUITE 300  
ENGLEWOOD CO 80111

2. Principal Place of Business

5775 DTC Boulevard

Suite, Apt. #, etc.

Suite 315

City & State

Greenwood Village, CO

Zip

80111

Country

USA

3. Mailing Address

5775 DTC Boulevard

Suite, Apt. #, etc.

Suite 315

City & State

Greenwood Village, CO

Zip

80111

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2209612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | D                               | <input type="checkbox"/> Delete            |
| NAME           | HODGES, SIMON                   |  |
| STREET ADDRESS | VICTORIA HOUSE, VICTORIA ROAD   |  |
| CITY-ST-ZIP    | HORLEY, SURREY ENGLAND RH6- 7AF |  |
| TITLE          | VTD                             | <input checked="" type="checkbox"/> Delete |
| NAME           | SHEH, MICHAEL                   |  |
| STREET ADDRESS | 5775 DTC BLVD., SUITE 300       |  |
| CITY-ST-ZIP    | ENGLEWOOD CO 80111              |  |
| TITLE          | VS                              | <input type="checkbox"/> Delete            |
| NAME           | BOLL, LYLE L                    |  |
| STREET ADDRESS | 5775 DTC BLVD., SUITE 300       |  |
| CITY-ST-ZIP    | ENGLEWOOD CO 80111              |  |
| TITLE          | V                               | <input checked="" type="checkbox"/> Delete |
| NAME           | LAMBERT, JOHN A                 |  |
| STREET ADDRESS | 5775 DTC BOULEVARD              |  |
| CITY-ST-ZIP    | ENGLEWOOD CO 80111              |  |
| TITLE          | D                               | <input type="checkbox"/> Delete            |
| NAME           | COOK, DAVID A HANCOCK           |  |
| STREET ADDRESS | VICTORIA HOUSE, VICTORIA ROAD   |  |
| CITY-ST-ZIP    | HORLEY, SURREY ENGLAND RH6- 7AF |  |
| TITLE          |                                 | <input type="checkbox"/> Delete            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | VIT                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Roberta L. Griffin               |  |
| STREET ADDRESS | 1525 Wilson Boulevard, Suite 650 |  |
| CITY-ST-ZIP    | Arlington, VA 22209              |  |
| TITLE          | PID                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Robert J. Morse                  |  |
| STREET ADDRESS | 1525 Wilson Boulevard, Suite 650 |  |
| CITY-ST-ZIP    | Arlington, VA 22209              |  |
| TITLE          | V                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | David M. Kolar                   |  |
| STREET ADDRESS | 5775 DTC Boulevard, Suite 315    |  |
| CITY-ST-ZIP    | Greenwood Village, CO 80111      |  |
| TITLE          | V                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Robin A. Kinnear                 |  |
| STREET ADDRESS | 1525 Wilson Boulevard, Suite 650 |  |
| CITY-ST-ZIP    | Arlington, VA 22209              |  |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lyle L. Boll, Sr. VP/Sec

23 April 2001

Date

303-220-2200

Daytime Phone #

CR2E034 (10/00)