## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23566

Entity Name: TRIMARK HOTEL CORPORATION

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:				
SUITE 230	ORCHARD RC - SOUTH OOD VILLAGE, (		US		SUITE 300		PLAZA BOULEVA GE, CO 80111	ARD US	
Current Mailing Address:					New Mailing Address:				
7600 EAST ORCHARD ROAD					6560 GREENWOOD PLAZA BOULEVARD				
	SUITE 230 - SOUTH BREENWOOD VILLAGE, CO 80111 US					SUITE 300 GREENWOOD VILLAGE, CO 80111 US			
FEI Number:	75-2209612	FEI Number Aր	oplied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of S	tatus 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 US  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.									
SIGNATUR									
Electronic Signature of Registered Agent Date									
Election Can	npaign Financing T	rust Fund Con	tribution ( ).						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	VSD () DO BOLL, LYLE L 7600 EAST ORCH GREENWOOD VII	IARD ROAD, SU			Title: Name: Address: City-St-Zip:	BOLL, LYLE 6560 GREEN		JLEVARD, SUITE 300	
Title: Name: Address: City-St-Zip:	PD () D RAGHAVAN, SUDH 145 WEST 44TH S NEW YORK, NY	HEER STREET, 6TH F	LOOR		Title: Name: Address: City-St-Zip:	RAGHAVAN, 6560 GREEN		JLEVARD, SUITE 300	
Title: Name: Address: City-St-Zip:	V () DO KINNEAR, ROBIN 163 EAST WALTO CHICAGO, IL 606	A ON PLACE			Title: Name: Address: City-St-Zip:		()Change ()Addi	tion	
Title: Name: Address: City-St-Zip:	V () D KOLAR, DAVID M 7600 EAST ORCH GREENWOOD VII	IARD ROAD, SU			Title: Name: Address: City-St-Zip:	KOLAR, DAV 6560 GREEN		JLEVARD, SUITE 300	
Title: Name: Address: City-St-Zip:	V () DO HACKEY, SCOTT 7600 EAST ORCH GREENWOOD VII	A IARD ROAD, SU			Title: Name: Address: City-St-Zip:	HACKEY, SC 6560 GREEN		JLEVARD, SUITE 300	
Title: Name: Address: City-St-Zip:	( ) D	elete			Title: Name: Address: City-St-Zip:	ARNETT, JOI 6560 GREEN		JLEVARD, SUITE 300	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: LYLE L. BOLL VSD 04/27/2007