

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P26247 (7)

1. Corporation Name

WESTIN ORLANDO HOTEL COMPANY
1200 EPCOT RESORT BLVD.
LAKE BUENA VISTA, FLORIDA 32830

Principal Place of Business

Mailing Address WESTIN HOTEL CO.

1200 EPCOT RESORT BLVD. 2001 SIXTH AVENUE
LAKE BUENA VISTA, FL. 40 TAX DEPT.
32830 SEATTLE, WA 98121

APPROVED
AND
FILED

95 MAY -1 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001479921
-05/09/95--01014--009
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date incorporated or Qualified

3a. Date of Last Report

9/27/89

5/1/94

4. FEI Number

91-145 2863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

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 resigning.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/D
NAME	SMITH, PETER J.
STREET ADDRESS	3001 SIXTH AVENUE
CITY, ST, ZIP	SEATTLE, WA, 98121
TITLE	V/T/D
NAME	WHITTY, RAYMOND J.
STREET ADDRESS	3001 SIXTH AVENUE
CITY, ST, ZIP	SEATTLE, WA, 98121
TITLE	V/T
NAME	SUTTEN, DOUGLAS C.
STREET ADDRESS	3001 SIXTH AVENUE
CITY, ST, ZIP	SEATTLE, WA, 98121
TITLE	V/S/D
NAME	WALKER, CATHERINE L.
STREET ADDRESS	3001 SIXTH AVENUE
CITY, ST, ZIP	SEATTLE, WA, 98121
TITLE	S
NAME	VALINE, RUTH E.
STREET ADDRESS	3001 SIXTH AVENUE
CITY, ST, ZIP	SEATTLE, WA, 98121
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Raymond J. Whitty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond J. Whitty, VICE PRESIDENT & TREASURER

4/24/95 (206) 443-6226
Date Date of Filing