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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

(7)

DOCUMENT #

1. Corporation Name WESTIN ORI ANDO HOTEL COMPANY

##E31##	OHERADO HOTEL OOM							
Principal Place of Business Mailing Address 1200 EPCOT RESORT BLVD. LAKE BUENA VISTA FL 32830 WESTERN HOTEL COMI 2001 SIXTH AVENUE/C/ SEATTLE WA 98121				EPT.		1.1021199/ 116 (1215 61116 1161)		A December 1
		SENTICE WAS SOLET				 Date Incorporated or Qualified 09/27/1989 	3a. Date of Las 05/01/	
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number 91-1452863		Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 Additional
22 Cit : 9 State		City & State				6. Election Campaign Financing	\$5	5.00 May Be
City & State		28	T 000	ols.		Trust Fund Contribution 8. This corporation has liability for		dded to Fees ers 199.032,
Ziρ	Country 25	Zip 29	30 Cou	n Itry		Florida Statutes 🔀 Yes	□No	
24	9. Name and Address of Curre					10. Name and Address of New F	legistered Agent	
				81	Name			
CT CORF	PORATION SYSTEM		!	82	Street A	ddress (P.O. Box Number is Not Acceptat	ole)	
1200 S. PINE ISLAND ROAD PLANTATION FL 33324				83				
I GARTIA	1011 12 00021			84	City		FL 85	Zip Code
						poration submits this statement for the pu poard of directors. I hereby accept the app	roose of changing	its registered office
or registere familiar with	o the provisions of Sections 607,000 and agent, or both, in the State of Fix and accept the obligations of, Se	ortion 607.0505, Florida Statute	s.				OATE	ered agent. ram
SIGNATURE	Signature, typed or printed name of registered ag	Ent and the napplease	OTE: Registered	d Agent	l signature re	quired when reinstating: ADDITIONS/CHANGES TO OFF		CTORS IN 12
12.	OFFICERS A	AND DIRECTORS DELETE		TITLE		DOSCIOSAT AIRECTOR	Cha	
THILE	SMITH, PETER J	4.2 -	1.2 N	NAME		HUD HINTON		
NAME STREFF ADDRESS	2001 SIXTH AVE.		1.3 9	STREET	ADDRESS	2001 SIXTH AVENUE		
CITY-S1-ZIP	SEATTLE WA 98121			CITY - S	T-ZIP	SEATTLE, WA 98121	LASS. VI Ch	ange Addition
TITLE	VID	⊠ DELETE		TITLE	ļ	VICE PRESIDENT & TREAS	Curectary III on	
NAME	WHITTY, RAYMOND J			NAME STREET	ADDRESS	BOOL GIXTH AUGULE		
STREET ADDRESS	2001 SIXTH AVE. SEATTLE WA 98121			CITY-S		SEATTLE, WA 98121		
CITY-ST-ZIP	VI	☐ DELETE		TITLE			Ch	ange 🔲 Addition
NAME	SUTTEN, DOUGLAS C.		3.2	NAME				
SIREET ADDRESS	2001 SIXTH AVE				t address			
CITY-S1-ZIP	SEATTLE WA 98121	F# DELETE		CITY-S TITLE	ST-ZIP		☐ Ch	ange Addition
TIBE	VSD WALKER,CATHERINE L.	∑ DETE1E		NAME				
NAME	2001 SIXTH AVE.				T ADDRESS			
STREET ADDRESS	SEATTLE WA 98121			CITY-5				673 Addis
CITY - ST - ZIP	VD	DELETE	5 1	TITLE		ASSISTANT SECRETARY	Ω Cr	nange 🔲 Addition
NAME	VALINE, RUTH E		52	NAME				
STREET ADDRESS	2001 SIXTH AVE.		1		T ADDRESS			
CITY-ST-ZIP	SEATTLE WA 98121	T DELETE			S1-21P			hange Additio
TITLE	VS CATHEDINE I	DELETE		1 TITLE NAME			_	_
NAME	WALKER, CATHERINE L. 2001 SIXTH AVE.				T ADDRESS			
STREET ACCRESS	A	^			AT 340			
CITY-S1-ZIP	by certify that the information suppl	ed with this filing is voluntarily for				alify for the exemption stated in Section 1 courate and that my signature shall have to	19.07(3)(k), Florida he same legal effe	Statutes. I further ct as if made undr
certify that	at the information indicated on this t Lam an officer or director of the c in Block 12 or Block 13 ochunged,	progration of the receiver or trus	stee empov	rt is ti wered	rue and a I to execu	alify for the exemption stated in Section 1 courate and that my signature shall have to the this report as required by Chapter 607,	Florida Statutes;	and that my name

SIGNATURE: MIGIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR