

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90245 035 ***150.00

0690658

DOCUMENT # P26247
 1. Entity Name
WESTIN ORLANDO HOTEL COMPANY

Principal Place of Business 777 WESTCHESTER AVE. WHITE PLAINS NY 10604	Mailing Address 2231 E. CAMELBACK RD. 400 PHOENIX AZ 85016
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00003300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 91-1452863	Applied For
	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DARNALL, THEODORE W	
STREET ADDRESS	777 WESTCHESTER AVENUE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ROZELLS, MARK	
STREET ADDRESS	2231 E. CAMELBACK RD., STE. 400	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	JANSON, THOMAS C JR	
STREET ADDRESS	777 WESTCHESTER AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, DAVID	
STREET ADDRESS	2231 E. CAMELBACK ROAD, STE. 400	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SCHNAID, ALAN M	
STREET ADDRESS	2231 E. CAMELBACK RD., STE. 400	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BROWN, RONALD C	
STREET ADDRESS	777 WESTCHESTER AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Latham, James D.	
STREET ADDRESS	777 Westchester Ave.	
CITY-ST-ZIP	White Plains, NY 10604	
TITLE	VAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morrow, Peter	
STREET ADDRESS	2231 E. Camelback, Ste. 400	
CITY-ST-ZIP	Phoenix	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input checked="" 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: Peter Morrow **Peter Morrow** 4-17-01 (602) 852-3900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)