

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26284

FILED
Apr 02, 2004
Secretary of State

Entity Name: COUNTRY INNS & SUITES BY CARLSON, INC.

Current Principal Place of Business:

CARLSON PARKWAY
P.O. BOX 59159
MINNEAPOLIS, MN 55459

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 59159
ATTN: TAX DEPT.
MINNEAPOLIS, MN 554598250 US

New Mailing Address:

FEI Number: 41-1562546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: NELSON, CURTIS
Address: 1405 XENIUM LANE NO.
City-St-Zip: PLYMOUTH, MN 55441

Title: VPT () Delete
Name: HAMANN, DARREL M.,
Address: 1405 XENIUM LANE NO.
City-St-Zip: PLYMOUTH, MN 55441

Title: VT () Delete
Name: DIRACLES, JOHN M JR.
Address: 1405 XENIUM LANE NO.
City-St-Zip: PLYMOUTH, MN 55441

Title: EVP () Delete
Name: JOHNSON, NANCY
Address: 1405 XENIUM LANE NO.
City-St-Zip: PLYMOUTH, MN 55441

Title: VPO () Delete
Name: MEYER, SCOTT
Address: 1405 XENIUM LANE NO.
City-St-Zip: PLYMOUTH, MN 55441

Title: CBD () Delete
Name: NELSON, MARILYN C
Address: 1405 XENIUM LANE NO.
City-St-Zip: PLYMOUTH, MN 55441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change () Addition
Name: NELSON, CURTIS C
Address: 1405 XENIUM LANE NO.
City-St-Zip: PLYMOUTH, MN 55441

Title: VPT (X) Change () Addition
Name: HAMANN, DARREL M
Address: 1405 XENIUM LANE NO.
City-St-Zip: PLYMOUTH, MN 55441

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DARREL M. HAMANN

VPT

04/02/2004

Electronic Signature of Signing Officer or Director

_____ Date