

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90120 050 \*\*\*150.00

DOCUMENT # P27227

1. Corporation Name

LAUDERDALE HOTEL COMPANY

Principal Place of Business

%WESTIN HOTEL CO.  
2001 SIXTH AVE.. (TAX DEPT.)  
SEATTLE WA 98121

Mailing Address

%WESTIN HOTEL CO.  
2001 SIXTH AVE.. (TAX DEPT.)  
SEATTLE WA 98121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1989

4. FEI Number  
91-1466654

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 777 WESTCHESTER AVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 2231 E. CAMELBACK RD  
Suite, Apt. #, etc.

22 City & State

23 WHITE PLAINS NY  
Zip Country

27 STE. 400  
City & State

28 PHOENIX AZ  
Zip Country

24 10604 25 USA

29 85016 30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME KLEISNER, FREDERICK J.  
STREET ADDRESS 2001 6TH AVE  
CITY-STATE-ZIP SEATTLE WA

TITLE ☒ DELETE

NAME VPTD  
NAME MAHONEY, RICHARD LEE  
STREET ADDRESS C/O 2001 SIXTH AVE.  
CITY-STATE-ZIP SEATTLE WA

TITLE ☒ DELETE

NAME VPAT  
NAME SUTTEN, DOUGLAS C  
STREET ADDRESS C/O 2001 SIXTH AVE.  
CITY-STATE-ZIP SEATTLE WA

TITLE ☒ DELETE

NAME VPS  
NAME MACKAY, CALDER M.  
STREET ADDRESS 2001 6TH AVE  
CITY-STATE-ZIP SEATTLE WA 98121

TITLE ☒ DELETE

NAME AS  
NAME VALINE, RUTH E  
STREET ADDRESS 2001 SIXTH AVE  
CITY-STATE-ZIP SEATTLE WA

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME FRED KLEISNER  
STREET ADDRESS 777 WESTCHESTER AVENUE  
CITY-STATE-ZIP WHITE PLAINS, NY 10604

2.1 TITLE ☐ Change ☒ Addition

NAME MARK ROZELLS-V/T  
STREET ADDRESS 2231 E CAMELBACK RD, STE 400  
CITY-STATE-ZIP PHOENIX, AZ 85016

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition

NAME JAMES LATHAM-V/S  
STREET ADDRESS 777 WESTCHESTER AVENUE  
CITY-STATE-ZIP WHITE PLAINS, NY 10604

4.1 TITLE ☐ Change ☒ Addition

NAME PETER MORROW-AT  
STREET ADDRESS 2231 E CAMELBACK RD, STE 400  
CITY-STATE-ZIP PHOENIX, AZ 85016

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☒ Addition

NAME DAVID HUGHES-AT  
STREET ADDRESS 2231 E CAMELBACK RD, STE 400  
CITY-STATE-ZIP PHOENIX, AZ 85016

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☒ Addition

NAME PETER ALPERT-AT  
STREET ADDRESS 777 WESTCHESTER AVENUE  
CITY-STATE-ZIP WHITE PLAINS, NY 10604

6.4 CITY-STATE-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER MORROW

4-28-99

602-852-3900

Date

Daytime Phone #

CR2E034 (11/98)