


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90030 044 ***150.00

DOCUMENT # P27227 1. Entity Name LAUDERDALE HOTEL COMPANY					
Principal Place of Business 1111 WESTCHESTER AVENUE WHITE PLAINS NY 10604			Mailing Address 2231 E CAMELBACK RD STE 400 PHOENIX AZ 85016		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 91-1466654	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DARNALL, THEODORE W		NAME		
STREET ADDRESS	1111 WESTCHESTER AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS NY 10604		CITY-ST-ZIP		
TITLE	VTA		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORROW, PETER		NAME		
STREET ADDRESS	2231 E CAMELBACK RD, STE 400		STREET ADDRESS		
CITY-ST-ZIP	PHOENIX AZ 85016		CITY-ST-ZIP		
TITLE	VSD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEGEL, KENNETH S		NAME		
STREET ADDRESS	1111 WESTCHESTER AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS NY 10604		CITY-ST-ZIP		
TITLE	VTD		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, RONALD C		NAME	VTD Vasant M. Prabhu	
STREET ADDRESS	2231 E CAMELBACK RD, STE 400		STREET ADDRESS	1111 Westchester Ave.	
CITY-ST-ZIP	PHOENIX AZ 85016		CITY-ST-ZIP	White Plains, NY 10604	
TITLE	VAT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DREW, JEFF		NAME		
STREET ADDRESS	2231 E CAMELBACK RD, STE 400		STREET ADDRESS		
CITY-ST-ZIP	PHOENIX AZ 85016		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Peter Morrow</i>			Peter Morrow 4-14-04 (602) 852-3900 Date Daytime Phone #		