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 Jun 10, 1999 8:00 am Secretary of State

06-10-1999 90016 017 ***150.00

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DOCUMENT # 1. Corporation Name	P28387
SAMANTHA HOTEL (CORPORATION

							41		
Principal Place of Business Mailing Address			ess			4 1864 mai 118 1186 1480 1810 1811 1881 Bratt Br	•		
755 CROSSOVER LANE MEMPHIS TN 38117-4900			755 CROSSOVER LANE MEMPHIS TN 38117-4900						
US		US				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						03/05/1990			
2. Principal F	Place of Business	2a. Mailing Ad	ddress			4. FEI Number Applied For			
21		26				04-3070970 Not Applicab	Лe		
Suite, Apt.	. #, etc.	Suite, Apt	. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required			
City & Sta	te	City & Sta	ite			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Co	untry		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes X No			
	9. Name and Address of Current Registered Agent			T^{-}	10. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			81	Name					
			82	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. FI	orida Statutes, the	above	e-named corpo	oration submits this statement for the purpose of changing its registered	<u>-</u> -		

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 applic	cable. (NOTE; R	egistered Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTO	RS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12
TITLE	PD	X DELETE	1.1 TITLE	P	Change	X Addition
NAME	KELLEHER, RICHARD		12 NAME	Dan L. Hale		
STREET ADDRESS	755 CROSSOVER LANE		1.3 STREET ADDRESS	755 Crossover Lane		
CITY-ST-ZIP	MEMPHIS TN 38117		1.4 CITY-ST-ZIP	Memphis, TN 38117		
TITLE	VTSD	⊠ DELETE	2.1 TITLE	V	Change	Addition
NAME	HEUCK, DAVID A.		2.2 NAME	Stevan D. Porter		
STREET ADDRESS	410 N. 44TH STREET, SUITE 700		2.3 STREET ADDRESS	755 Crossover Lane		
CITY-ST-ZIP	PHOENIX AZ 85008		2. 4 CITY- ST- ZIP	Memphis, TN 38117		
TITLE	SD	₩ DELETE	3.1 TITLE	VSD	Change	Addition
NAME	SCHLOMER, KRISTIN S.		3.2 NAME	J. Kendall Huber		
STREET ADDRESS	410 N. 44TH STREET, SUITE 700		3.3 STREET ADDRESS	755 Crossover Lane		
CITY-ST-ZIP	PHOENIX AZ 85008		3.4. CITY-ST-ZIP	Memphis, TN 38117		
TITLE		☐ DELETE	4.1 TITLE	VAS	Change	Addition
NAME			4. 2 NAME	M. Ronald Halpern		
STREET ADDRESS			4.3 STREET ADDRESS	755 Crossover Lane		
CITY-ST-ZIP		- <u></u>	4.4 CITY-ST-ZIP	Memphis, TN 38117		17-
TITLE		☐ DELETE	5.1 TITLE	VASTD	☐ Change	Addition
NAME			5.2 NAME	Williams S. Harrison		
STREET ADDRESS			5.3 STREET ADDRESS	755 Crossover Lane		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Memphis, TN 38117		
TITLE	_	□ DELETE	6.1 THILE	VAS	☐ Change	Addition
NAME			6.2 NAME	Kevin W. Kern		
STREET ADDRESS			6.3 STREET ADDRESS	755 Crossover Lane		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Memphis. TN_38117.		

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: M.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

90/-374-5000 Daytime Phone # CR2E034 (11/98)

573622-90016-17 P28387

SAMANTHA HOTEL CORPORATION

FEDERAL ID#: 04-3070970

PRIMARY BUSINESS ADDRESS: 755 CROSSOVER LANE

MEMPHIS, TENNESSEE 38117

DIRECTORS:

William S. Harrison J. Kendell Huber Peter H. Kesser

OFFICERS:

Dan L. Hale President

Stevan D. Porter **Executive Vice President**

J. Kendall Huber Executive Vice President/Secretary M. Ronald Halpern Sr. Vice President/Asst. Secretary

William S. Harrison Sr. Vice President/Asst. Secretary/Treasurer

Kevin W. Kern Vice President/Asst. Secretary Peter H. Kesser Vice President/Asst. Secretary R. Bryan Mulroy, Jr. Vice President/Asst. Treasurer W. Steven Standefer

Vice President/Asst. Treasurer