

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90127 017 \*\*\*150.00

**DOCUMENT # P32523**

1. Entity Name  
**DELTA HOTELS INTERNATIONAL, INC.**



Principal Place of Business  
**100 WELLINGTON ST WEST  
#1200  
TORONTO, ONTARIO, CANADA M5K- 1J3**

Mailing Address  
**100 WELLINGTON ST WEST  
#1200  
TORONTO, ONTARIO, CANADA M5K- 1J3**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2688328**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO FATT, WILLIAM R 100 WELLINGTON ST W STE 1600 TORONTO, ONTARIO, CANADA M5K- 1B7</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAHILL, CHIRS J 100 WELLINGTON ST W STE 1600 TORONTO, ONTARIO, CANADA M5K- 1B7</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCFO PATAVA, M. JERRY 100 WELLINGTON ST W STE 1600 TORONTO, ONTARIO, CANADA M5K- 1B7</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JOHNSTON, JOHN M 100 WELLINGTON ST W STE 1200 TORONTO, ONTARIO, CANADA M5K- 1J3</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BADOUR, TERENCE P 100 WELLINGTON ST W STE 1600 TORONTO, ONTARIO, CANADA M5K- 1B7</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS WAKELIN, PATRICIA M 100 WELLINGTON ST W STE 1600 TORONTO, ONTARIO, CANADA M5K- 1B7</b>	<input checked="" type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Pye, John L. 100 Wellington ST W STE 1200 Toronto, Ontario, Canada M5K 1J3</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman Johnston, John M.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS Griffiths, Thomas C. 100 WELLINGTON ST W STE 1600, Toronto, ON M5K 1B7</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:**

**SIGNATURE P. BADOUR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TERENCE P. BADOUR**  
SENIOR VICE PRESIDENT  
AND GENERAL COUNSEL

Date

Daytime Phone #

CR2E034 (10/02)