FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P32558** **(9)**

1. Corporation Name

GRACE HOTEL SERVICES CORPORATION

Principal Place of Business	Mailing Address
C/O W. R. GRACE & CO. ONE TOWN CENTER ROAD BOCA RATON FL 33486-1010	C/O W. R. GRACE & CO. ONE TOWN CENTER ROAD BOCA RATON FL 33486-1010

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/23/1991**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: **13-3584911** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	1.1 TITLE	Vacant	☒ Change ☐ Addition
NAME	~~BOLDUC, J.P.~~	1.2 NAME		
STREET ADDRESS	~~ONE TOWN CENTER RD~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~BOCA RATON FL~~	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D, Exec VP	☒ Change ☐ Addition
NAME	NEEVES, J.P.	2.2 NAME		
STREET ADDRESS	ONE TOWN CENTER RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	C	3.1 TITLE	Delete	☒ Change ☐ Addition
NAME	GRACE, J.P. III	3.2 NAME		
STREET ADDRESS	ONE TOWN CENTER RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	HOUCHIN, P. D.	4.2 NAME		
STREET ADDRESS	1 TOWN CENTER RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP		
TITLE	AT	5.1 TITLE	Delete	☒ Change ☐ Addition
NAME	CHADER, GORDON	5.2 NAME		
STREET ADDRESS	1 TOWN CENTER RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP		
TITLE	~~VPA~~	6.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	~~WENDELKEN, J.W.~~	6.2 NAME	R.M. Gordon	
STREET ADDRESS	~~ONE TOWN CENTER RD.~~	6.3 STREET ADDRESS	One Town Center Road	
CITY-ST-ZIP	~~BOCA RATON FL~~	6.4 CITY-ST-ZIP	Boca Raton, FL 33486	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added in an attachment with an address.

SIGNATURE: _____ P.D. Houchin 4/20/95 407-362-1306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0276415 CP