2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachme

SIGNATURE:

Jun 07, 2004 8:00 am Secretary of State DOCUMENT # P35443 06-07-2004 90002 001 ***550.00 HILTON INTERNATIONAL CO. Principal Place of Business Mailing Address 901 PONCE DE LEON BLVD STE 700 CORAL GABLES FL 33134 901 PONCE DE LEON BLVD STE 700 CORAL GABLES FL 33134 54056921 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 13-1582113 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156-0000 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME MICHELS, DAVID STREET ADDIÉSS MAPLE CT. CENTRAL PARK, REEDS CRESCENT STREET ADDRESS WATFORD HE CITY-ST-ZIP CITY-ST-ZIP SVP TITLE ☐ Delete Change Addition WALLACE, BRIAN NAME NAME MAPLE CT. CENTRAL PARK, REEDS CRESCENT STREET ADDRESS STREET ADDRESS WATFORD HE CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME -KLEIN, KOOS-NAME STREET ADDRESS STREET ADDRESS TOKYO HILTON, 6-2 NISHI-SHINJUKU 6 CHOME CITY-ST-ZIP SHINJUKU-KU TO JAPAN CITY-ST-ZIP ΑT TITLE ☐ Delete TITLE Change Addition LIERMAN, PAUL NAME STREET ADDRESS 901 PONCE DE LEON BLVD, STE 700 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition FRIEDMAN, HOWARD NAME NAME 901 PONCE DE LEON BLVD STE 700 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP SVP TITLE ☐ Delete TITLE ☐ Change Addition HARRIS, ANTHONY NAME NAME MAPLE CT, CENTRAL PARK, REELS CRESCENT STREET ADDRESS STREET ADDRESS WATFORD, HERTS WD11HZ CITY-ST-719 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 surpolemental 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

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 the address, with all other like empowered.

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