FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

MAY 03 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P37822** **(4)**

1. Corporate Name
RAE HOTEL CORPORATION

Principal Place of Business
C/O CHRYSLER CAPITAL CORPORATION
225 HIGH RIDGE ROAD
STAMFORD CT 06905

Mailing Address
C/O CHRYSLER CAPITAL CORPORATION
225 HIGH RIDGE ROAD
STAMFORD CT 06905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/09/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
State, Apt. # or Mail Code — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: **06-1227202** ☐ 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

8. This corporation pays initially for intangible tax under Chapter 199, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 Section 607.1022, Florida Statutes, the above named corporation submits the 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE	PD	☐ Change ☐ Addition
NAME	BISHOP, W. S.	
STREET ADDRESS	%225 HIGH RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	V	☐ Change ☐ Addition
NAME	PETERSON, M. O.	
STREET ADDRESS	%225 HIGH RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	S	☐ Change ☐ Addition
NAME	WISE, C. L.	
STREET ADDRESS	%225 HIGH RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	AT	☐ Change ☐ Addition
NAME	SIMMONS, RUBEN	
STREET ADDRESS	%225 HIGH RIDGE RD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	V	☐ Change ☐ Addition
NAME	CANTWELL, D. M.	
STREET ADDRESS	%225 HIGH RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	CD	☐ Change ☐ Addition
NAME	LATHAM, P. H.	
STREET ADDRESS	%225 HIGH RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	

14. I hereby certify that the information supplied with this filing is accurate 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 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] 5/12/95 203-975-3200
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER
RUBEN SIMMONS

0000411 CP