

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P40719 (7)

1. Corporation Name
WESTIN LICENSE COMPANY



Principal Place of Business
C/O WESTIN HOTEL COMPANY
2001 6TH AVE.
SEATTLE WA 98121

Mailing Address
C/O WESTIN HOTEL COMPANY
2001 6TH AVE.
SEATTLE WA 98121

3. Date Incorporated or Qualified
09/30/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	91-1539812	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 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	PD	1.1 TITLE	PRESIDENT
NAME	SCHNOOR, STEVEN R.	1.2 NAME	FRED KLEISNER
STREET ADDRESS	2001 SIXTH AVE.	1.3 STREET ADDRESS	2001 SIXTH AVENUE
CITY-ST-ZIP	SEATTLE WA	1.4 CITY-ST-ZIP	SEATTLE, WA 98121
TITLE	VPD	2.1 TITLE	Vice President
NAME	WOROCH, SCOTT J.	2.2 NAME	Simon Hallgarkn
STREET ADDRESS	2001 SIXTH AVE.	2.3 STREET ADDRESS	2001 Sixth Avenue
CITY-ST-ZIP	SEATTLE WA	2.4 CITY-ST-ZIP	Seattle WA 98121
TITLE	VPT	3.1 TITLE	Vice President
NAME	HYLTON, KEVIN E.	3.2 NAME	Jill Herczog
STREET ADDRESS	2001 SIXTH AVE.	3.3 STREET ADDRESS	2001 Sixth Avenue
CITY-ST-ZIP	SEATTLE WA	3.4 CITY-ST-ZIP	Seattle WA 98121
TITLE	VSD	4.1 TITLE	Vice President
NAME	WALKER, CATHERINE L.	4.2 NAME	Mark Lukens
STREET ADDRESS	2001 SIXTH AVE.	4.3 STREET ADDRESS	2001 Sixth Avenue
CITY-ST-ZIP	SEATTLE WA	4.4 CITY-ST-ZIP	Seattle WA 98121
TITLE	AS	5.1 TITLE	Vice President
NAME	VALINE, RUTH E.	5.2 NAME	Brian McGinnis
STREET ADDRESS	2001 SIXTH AVE.	5.3 STREET ADDRESS	2001 Sixth Ave
CITY-ST-ZIP	SEATTLE WA	5.4 CITY-ST-ZIP	Seattle WA 98121
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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.

SIGNATURE:

Kevin Hylton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

Date

(206) 443-5196

Daytime Phone #

CR2E034 (12/95)