

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/30/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 91-1539812	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEISNER, FRED	1.2 NAME	
STREET ADDRESS	2001 6TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOROCK, SCOTT J.	2.2 NAME	
STREET ADDRESS	2001 SIXTH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	2.4 CITY-ST-ZIP	
TITLE	VPT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYLTON, KEVIN E.	3.2 NAME	
STREET ADDRESS	2001 SIXTH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, CATHERINE L.	4.2 NAME	
STREET ADDRESS	2001 SIXTH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALINE, RUTH E.	5.2 NAME	
STREET ADDRESS	2001 SIXTH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGINNIS, BRIAN	6.2 NAME	
STREET ADDRESS	2001 6TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	6.4 CITY-ST-ZIP	

14. 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 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 \_\_\_\_\_ RUTH E. Valine 11/27/98 (206) 443-5000

CR2E034 (10/97)