2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

3801 APPLETON WAY

ORLANDO FL 32806

P94000057487

Mailing Address

3801 APPLETON WAY

ORLANDO FL 32806

1. Entity Name

HILTON INFORMATION TECHNOLOGY CORPORATION



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90211 005 ***150.00

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2. Principal Place of Business		3. Mai	3. Mailing Address							
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City	City & State			4. F	59-3256877	Applied For Not Applicable		
Zip	Country Zip		Country	Country		Certificate of Status Desired		8.75 Additional ee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
				Name						
HILTON, ROBERT E JR 3801 APPLETON WAY :			-	Street Address (P.O. Box Number is Not Acceptable)						
	FL 32806									
					City	FL Zip Code				
the obligat	named entity submits this sions of registered agent. Signature, typed or printed name of re					egistered age	ent, or both, in the State of Florida. I am	rfamiliar wi	th, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			,			Election Campaign Financing Trust Fund Contribution.		5.00 May Be ded to Fees		
10.	OFFI	CERS AND DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 11	
ITLE IAME TREET ADDRESS HTY-ST-ZIP	D HILTON, ROBERT E JR 3801 APPLETON WAY ORLANDO FL 32806	ILTON, ROBERT E JR 801 APPLETON WAY		TITLE NAME STREET CITY-SI	ADDRESS 1-ZIP				ge 🗌 Addition	
ITLE IAME TREET ADORESS DITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-ST	address -Zip			☐ Chang	ge 🔲 Addition	
ITLE IAME TREET ADDRESS STY-ST-ZIP	- / Janes /	चित्रं इं	Delete - Delete	NAME	ADDRESS	میں میں میں میں میں میں میں میں	المنتهج والمنافض المرادي والمادي المادي	∏,Chang	ge [] Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP			☐ Delete	TITLE NAME STREET A	ADDRESS - ZIP			☐ Chang	ge 🗌 Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP			☐ Delete	TITLE NAME STREET	ADDRESS - ZIP			☐ Chang	ge 🔲 Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	·		□ Delete	TITLE NAME STREET	ADDRESS -ZIP			☐ Chang	e 🗌 Addition	

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF MACE OF

Robert & Hollon Sr 4/24

90/8/63/

Daytime Phone #