

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90017 002 ***150.00

DOCUMENT # **P94000064808**
1. Entity Name
CHC HOTELS & RESORTS CORP.

Principal Place of Business	Mailing Address
1950 STEMMONS FREEWAY	1950 STEMMONS FREEWAY
SUITE 6001	SUITE 6001
DALLAS TX 75207	DALLAS TX 75207
US	US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3307163	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent		
		Name

7. Name and Address of New Registered Agent

PELTZ, ARVIN ESQ 3250 MARY STREET SUITE 500 MAIMI FL 33133	Name
	Street Address (
	City

P.O. Box Number is Not Acceptable)

FL 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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOP KLEISNER, FRED 1950 STEMMONS FREEWAY, #6001 DALLAS TX 75207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COOV TENG, TED 1950 STEMMONS FREEWAY, #6001 DALLAS TX 75207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOV SMITH, RICK 1950 STEMMONS FREEWAY, #6001 DALLAS TX 75207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPT HENDRICK, JUDY 1950 STEMMONS FREEWAY, #6001 DALLAS TX 75207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS BUHLMANN, JOHN 1950 STEMMONS FREEWAY, #6001 DALLAS TX 75207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS MORSE, JOHN 1950 STEMMONS FREEWAY, #6001 DALLAS TX 75207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (9/01)

SIGNATURE: *[Signature]* 4-29-02 2148831000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #