

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90124 041 ***150.00

DOCUMENT # P94000064808

1. Entity Name
CHC HOTELS & RESORTS CORP.



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

Mailing Address
**1950 STEMMONS FREEWAY
SUITE 6001
DALLAS TX 75207
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3307163**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEOP	<input type="checkbox"/> Delete
NAME	KLEISNER, FRED	
STREET ADDRESS	1950 STEMMONS FREEWAY, #6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	COOV	<input type="checkbox"/> Delete
NAME	TENG, TED	
STREET ADDRESS	1950 STEMMONS FREEWAY, #6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	CFOV	<input type="checkbox"/> Delete
NAME	SMITH, RICK	
STREET ADDRESS	1950 STEMMONS FREEWAY, #6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	SVPT	<input type="checkbox"/> Delete
NAME	HENDRICK, JUDY	
STREET ADDRESS	1950 STEMMONS FREEWAY, #6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	BUHLMANN, JOHN	
STREET ADDRESS	1950 STEMMONS FREEWAY, #6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	MORSE, JOHN	
STREET ADDRESS	1950 STEMMONS FREEWAY, #6001	
CITY-ST-ZIP	DALLAS TX 75207	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Mark Chloupek	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP/ Secretary	
STREET ADDRESS	1950 Stemmons Frwy #6001	
CITY-ST-ZIP	Dallas, Tx 75207	
TITLE	Philip Bosch	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP/ Asst Secretary	
STREET ADDRESS	1950 Stemmons Frwy #6001	
CITY-ST-ZIP	Dallas, Tx 75207	

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] **FILED 1-24-03 214863 1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)