

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

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90016 020 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S78973

1. Corporation Name
SOUTHFIELD HOTEL MANAGEMENT, INC.

Principal Place of Business 755 CROSSOVER LANE MEMPHIS TN 38117-4900 US	Mailing Address 755 CROSSOVER LANE MEMPHIS TN 38117-4900 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1991

4. FEI Number

62-1476762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, RAYMOND E	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	KELTNER, THOMAS L	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KELLCHER, RICHARD M.	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	HALPERN, M. RONALD	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE	SVS	<input checked="" type="checkbox"/> DELETE
NAME	LAKE, RALPH B.	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CHAMPION, CAROL G.	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN 38117	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dan L. Hale	
1.3 STREET ADDRESS	755 Crossover Lane	
1.4 CITY-ST-ZIP	Memphis, TN 38117	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stevan D. Porter	
2.3 STREET ADDRESS	755 Crossover Lane	
2.4 CITY-ST-ZIP	Memphis, TN 38117	
3.1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	J. Kendall Huber	
3.3 STREET ADDRESS	755 Crossover Lane	
3.4 CITY-ST-ZIP	Memphis, TN 38117	
4.1 TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	M. Ronald Halpern	
4.3 STREET ADDRESS	755 Crossover Lane	
4.4 CITY-ST-ZIP	Memphis, TN 38117	
5.1 TITLE	VASID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	William S. Harrison	
5.3 STREET ADDRESS	755 Crossover Lane	
5.4 CITY-ST-ZIP	Memphis, TN 38117	
6.1 TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kevin W. Kern	
6.3 STREET ADDRESS	755 Crossover Lane	
6.4 CITY-ST-ZIP	Memphis, TN 38117	

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, with all other like empowered.

SIGNATURE:

W. A. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99
Date

901-374-5600
Daytime Phone #

CR2E034 (11/98)

573625-90016-20
\$78973

SOUTHFIELD HOTEL MANAGEMENT, INC.
FEDERAL ID#: 62-1476762

PRIMARY BUSINESS ADDRESS: 755 CROSSOVER LANE
MEMPHIS, TENNESSEE 38117

DIRECTORS:

William S. Harrison
J. Kendell Huber
Peter H. Kesser

OFFICERS:

Dan L. Hale	President
Stevan D. Porter	Executive Vice President
J. Kendall Huber	Executive Vice President/Secretary
M. Ronald Halpern	Sr. Vice President/Asst. Secretary
William S. Harrison	Sr. Vice President/Asst. Secretary/Treasurer
Kevin W. Kern	Vice President/Asst. Secretary
Peter H. Kesser	Vice President/Asst. Secretary
R. Bryan Mulroy, Jr.	Vice President/Asst. Treasurer
W. Steven Standefer	Vice President/Asst. Treasurer