

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846367

Entity Name: CARLSON HOTELS MANAGEMENT CORPORATION**Current Principal Place of Business:**701 CARLSON PARKWAY, STE 200
MINNETONKA, MN 55305-5248**Current Mailing Address:**ATTN: TAX DEPARTMENT
701 CARLSON PARKWAY, STE 200
MINNETONKA, MN 55305-5248 US**FEI Number:** 41-0940175**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT, CEO
Name	FREUND, JEFFREY
Address	701 CARLSON PARKWAY, STE 200
City-State-Zip:	MINNETONKA MN 55305-5248

Title	SR VP
Name	BRUNER, DEANE
Address	701 CARLSON PARKWAY, STE 200
City-State-Zip:	MINNETONKA MN 55305-5248

Title	CFO, TREASURER
Name	STICHA, J TIMOTHY
Address	701 CARLSON PARKWAY, STE 200
City-State-Zip:	MINNETONKA MN 55305-5248

Title	VP
Name	LETTO, ROBERT
Address	701 CARLSON PARKWAY, STE 200
City-State-Zip:	MINNETONKA MN 55305-5248

Title	SECRETARY
Name	GARNER, JARED J
Address	701 CARLSON PARKWAY, STE 200
City-State-Zip:	MINNETONKA MN 55305-5248

Title	DIRECTOR
Name	KIDD, JOHN
Address	701 CARLSON PARKWAY, STE 200
City-State-Zip:	MINNETONKA MN 55305-5248

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT LETTO

VP

04/28/2017

Electronic Signature of Signing Officer/Director Detail_____
Date