

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000001163

**Entity Name:** HOLIDAY INN CLUB VACATIONS INCORPORATED

**Current Principal Place of Business:**

9271 S. JOHN YOUNG PKWY  
ORLANDO, FL 32819

**Current Mailing Address:**

9271 S. JOHN YOUNG PKWY  
ORLANDO, FL 32819 US

**FEI Number: 58-1434701**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DCB  
Name WILSON, SPENCE L SR.  
Address 20 HULING AVE.  
City-State-Zip: MEMPHIS TN 38103

Title DVC  
Name HARRILL, DON L  
Address 20 HULING AVE.  
City-State-Zip: MEMPHIS TN 38103

Title DVP  
Name WILSON, C. KEMMONS JR.  
Address 20 HULING AVE.  
City-State-Zip: MEMPHIS TN 38103

Title DSB  
Name WILSON, C. KEMMONS III  
Address 20 HULING AVE.  
City-State-Zip: MEMPHIS TN 38103

Title D  
Name WILSON, SPENCE L JR.  
Address 20 HULING AVE.  
City-State-Zip: MEMPHIS TN 38103

Title D  
Name WILSON, ROBERT A  
Address 20 HULING AVE.  
City-State-Zip: MEMPHIS TN 38103

Title D  
Name WEST, CAROLE WILSON  
Address 20 HULING AVE.  
City-State-Zip: MEMPHIS TN 38103

Title D  
Name WEST, WILLIAM H  
Address 20 HULING AVE.  
City-State-Zip: MEMPHIS TN 38103

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*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: MICHAEL J. THOMPSON**

**SR. VP/ SECRETARY**

**05/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name MOORE, JACKSON W SR  
Address 20 HULING AVE.  
City-State-Zip: MEMPHIS TN 38103

Title D  
Name CARNEY, CECIL  
Address 20 HULING AVE.  
City-State-Zip: MEMPHIS TN 38103

Title SR. VP, SECRETARY  
Name THOMPSON, MICHAEL J  
Address 9271 S. JOHN YOUNG PKWY  
City-State-Zip: ORLANDO FL 32819

Title ASST. VP  
Name COHEN, DEBRA  
Address 9271 S. JOHN YOUNG PKWY  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name WEISSMANN, RICHARD  
Address 20 HULING AVE.  
City-State-Zip: MEMPHIS TN 38103

Title DIRECTOR  
Name ARGIBAY, ANTONIO  
Address 20 HULING AVE.  
City-State-Zip: MEMPHIS TN 38103

Title VP  
Name HANSEN, DONNA  
Address 9271 S. JOHN YOUNG PKWY  
City-State-Zip: ORLANDO FL 32819

Title D  
Name MOORE, JACKSON W JR  
Address 20 HULING AVE.  
City-State-Zip: MEMPHIS TN 38103

Title SR. VP/CFO/T  
Name DIXON, SONYA  
Address 9271 S. JOHN YOUNG PKWY  
City-State-Zip: ORLANDO FL 32819

Title VP  
Name HATFIELD, CHRISTINA  
Address 9271 S. JOHN YOUNG PKWY  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name SIEGEL, STEVEN  
Address 20 HULING AVE.  
City-State-Zip: MEMPHIS TN 38103

Title PRESIDENT, CEO  
Name STATEN, JOHN  
Address 9271 S. JOHN YOUNG PKWY  
City-State-Zip: ORLANDO FL 32819

Title ASST VP  
Name BRIGGS, CHRISTINA  
Address 9271 S. JOHN YOUNG PKWY  
City-State-Zip: ORLANDO FL 32819