

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PH 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **846367** (1)

1. Corporation Name
RADISSON HOTEL CORPORATION

Principal Place of Business Mailing Address
12755 STATE HIGHWAY 55 MINNEAPOLIS MN 55441 **12755 STATE HIGHWAY 55 MINNEAPOLIS MN 55441**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/27/1980** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		41-0940175		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL			

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 _____ (NOTE: Registered Agent signatures required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMANN, D.M.	1.2 NAME	
STREET ADDRESS	12755 STATE HWY. 55	1.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	1.4 CITY - ST - ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, C L	2.2 NAME	
STREET ADDRESS	12755 STATE HWY 55	2.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS, MN 00000	2.4 CITY - ST - ZIP	
TITLE	VT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRACLES, J.M.	3.2 NAME	
STREET ADDRESS	12755 STATE HWY 55	3.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS, MN 00000	3.4 CITY - ST - ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORLANDER, JOHN	4.2 NAME	
STREET ADDRESS	12755 ST HWY 55	4.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	4.4 CITY - ST - ZIP	
TITLE	VS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKWITZ, ROBERT S	5.2 NAME	
STREET ADDRESS	12755 ST HWY 55	5.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS, MN 00000	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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.

SIGNATURE: D.M. Hamann Darrel M. Hamann, 4-18-95 682-540-5883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 V.Pres.-Tax