

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846367

FILED
Apr 26, 2011
Secretary of State

Entity Name: CARLSON HOTELS MANAGEMENT CORPORATION

Current Principal Place of Business:

701 CARLSON PARKWAY
MINNETONKA, MN 55305

New Principal Place of Business:

Current Mailing Address:

ATTN: TAX DEPARTMENT
701 CARLSON PARKWAY, MS 8250
MINNETONKA, MN 553058250 US

New Mailing Address:

FEI Number: 41-0940175 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: V
Name: PETERSON, JAMES H
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: COBD
Name: KIRSCHKE, THORSTEN
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: VT
Name: HALL, BRADLEY M
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: VSD
Name: BECK, GENEVIEVE
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: EVPD
Name: RIESTERER, SUZANNE H
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: EVP
Name: KLEINSCHMIDT, ROBERT
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

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: JAMES H. PETERSON

V

04/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date