Electronic Signature of Signing Officer/Director Detail

04/24/2018 ASSISTANT SECRETARY

2018 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: LEGAL DEPT. 701 CARLSON PARKWAY, STE200 MINNETONKA, MN 55305-5248 US

FEI Number: 41-0940175

Name and Address of Current Registered Agent:

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

Apr 24, 2018 Secretary of State CC4357204606

Date

FILED

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	SR VP	Title	CFO, TREASURER
Name	BRUNER, DEANE	Name	STICHA, J TIMOTHY
Address	701 CARLSON PARKWAY, STE 200	Address	701 CARLSON PARKWAY, STE 200
City-State-Zip:	MINNETONKA MN 55305-5248	City-State-Zip:	MINNETONKA MN 55305-5248
Title	VP	Title	ASST. SECRETARY
Name	LETTO, ROBERT	Name	GARNER, JARED J
Address	701 CARLSON PARKWAY, STE 200	Address	701 CARLSON PARKWAY, STE 200
City-State-Zip:	MINNETONKA MN 55305-5248	City-State-Zip:	MINNETONKA MN 55305-5248
Title	DIRECTOR	Title	PRESIDENT
Title Name	DIRECTOR KIDD, JOHN	Title Name	PRESIDENT GREENE, KENNETH
Name	KIDD, JOHN	Name	GREENE, KENNETH
Name Address	KIDD, JOHN 701 CARLSON PARKWAY, STE 200	Name Address	GREENE, KENNETH 701 CARLSON PARKWAY, STE 200
Name Address City-State-Zip:	KIDD, JOHN 701 CARLSON PARKWAY, STE 200 MINNETONKA MN 55305-5248	Name Address City-State-Zip:	GREENE, KENNETH 701 CARLSON PARKWAY, STE 200 MINNETONKA MN 55305-5248
Name Address City-State-Zip: Title	KIDD, JOHN 701 CARLSON PARKWAY, STE 200 MINNETONKA MN 55305-5248 CFO	Name Address City-State-Zip: Title	GREENE, KENNETH 701 CARLSON PARKWAY, STE 200 MINNETONKA MN 55305-5248 SECRETARY

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: JARED J GARNER