

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F97000605662**

1. Entity Name

**MANDARIN ORIENTAL MANAGEMENT (USA) INC.**

**FILED**

**01 APR 17 AM 11:46**

Principal Place of Business  
345 California St. Ste. 1230  
San Francisco, CA 94104

Mailing Address

345 California St. Ste 1230  
San Francisco, CA 94104

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business  
345 California St.

3. Mailing Address  
345 California St.

Suite, Apt. #, etc.  
Ste. 1250

Suite, Apt. #, etc.  
Ste. 1250

DO NOT WRITE IN THIS SPACE

City & State  
San Francisco, CA

City & State  
San Francisco, CA

4. FEI Number  
942972861

Applied For  
Not Applicable

Zip  
94104

Country  
USA

Zip  
94104

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 South Pine Island Road  
Plantation, FL 33324

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**4000004135054-3**

**-05/03/01-01150-006**

City

**\*\*\*150 FL**

**\*\*\*150.00**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Cynthia Lamont 222 Sansome Street San Francisco, CA 94104 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Peter Cowern c/o 281 Gloucester Rd. 7th Fl. Causeway Bay, Hong Kong <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Sherry Lee 345 California St., Ste. 1250 San Francisco, CA 94104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kit Choy Loke 101 Second St. Ste. 1800 San Francisco, CA 94105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ CEO Wolfgang K. Hultner 345 California St., Ste. 1250 San Francisco, CA 94104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P John R. Witt c/o 281 Gloucester Rd., 7th Fl. Causeway Bay, Hong Kong <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miranda Ngai c/o 281 Gloucester Rd., 7th Fl. Causeway Bay, Hong Kong <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KIT CHOY LOKE**

Date

**(415) 371-1200**

Daytime Phone #

CR2E034 (1/1/00)