

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90065 010 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L17057**

1. Corporation Name  
**40 HOTEL CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 54 STATE ST, ALBANY NY 12207, US  
 Mailing Address: 54 STATE ST, ALBANY NY 12207, US

3. Date Incorporated or Qualified  
**09/19/1989**

2. Principal Place of Business: 21 **40 BEAVER STREET**  
 Suite, Apt. #, etc.  
 22  
 City & State: 23 **ALBANY NY.**  
 Zip: 24 **12207** Country: 25  
 2a. Mailing Address: 26 **40 BEAVER STREET**  
 Suite, Apt. #, etc.  
 27  
 City & State: 28 **ALBANY NY.**  
 Zip: 29 **12207** Country: 30

4. FEI Number: **58-1862312** Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**BOYLES, WILLIAM A.**  
**201 EAST PINE STREET, SUITE 1200**  
**ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZIPES, RICHARD D.	
STREET ADDRESS	54 STATE ST	
CITY-ST-ZIP	ALBANY NY	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	SWAWITE, DAVID	
STREET ADDRESS	54 STATE ST	
CITY-ST-ZIP	ALBANY NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWAWITE, DAVID	
STREET ADDRESS	54 STATE ST	
CITY-ST-ZIP	ALBANY NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	40 BEAVER STREET
1.4 CITY-ST-ZIP	ALBANY NY 12207
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	40 BEAVER STREET
2.4 CITY-ST-ZIP	ALBANY NY 12207
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	40 BEAVER STREET
3.4 CITY-ST-ZIP	ALBANY NY 12207
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* VP Date: 4/12/99 Daytime Phone #: 518-432-4500

CR2E034 (11/98)