

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03155

FILED
Apr 22, 2004
Secretary of State

Entity Name: RADISSON HOTELS INTERNATIONAL, INC.

Current Principal Place of Business:

1405 XENIUM LANE N.
MINNEAPOLIS, MN 55441

New Principal Place of Business:

1405 XENIUM LANE NORTH
PLYMOUTH, MN 55441

Current Mailing Address:

ATTN: TAX DEPARTMENT
P O BOX 59159
MINNEAPOLIS, MN 554598250 US

New Mailing Address:

FEI Number: 41-1458272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY
1201 HAYES ST
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COBD () Delete
Name: CARLSON NELSON, MARILYN
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: PCEO () Delete
Name: NELSON, CURTIS C
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: VPT () Delete
Name: DIRACLES, JOHN M JR.
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: VPT () Delete
Name: HAMANN, DARREL M
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: AS () Delete
Name: BRILL, ROBERT S
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COBD (X) Change () Addition
Name: NELSON, MARILYN C
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DARREL M. HAMANN

VPT

04/22/2004

Electronic Signature of Signing Officer or Director

_____ Date