

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03155 (9)

1. Corporation Name

RADISSON HOTELS INTERNATIONAL, INC.



Principal Place of Business

**12755 STATE HIGHWAY 55
MINNEAPOLIS MN 55441**

Mailing Address

**12755 STATE HIGHWAY 55
MINNEAPOLIS MN 55441**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	P O Box 59159
22	City & State	27	ATTN : Tax Dept.
23	Zip	28	Minneapolis, MN
24	Country	29	55459-8250
25		30	

3. Date Incorporated or Qualified	08/24/1984	3a. Date of Last Report	05/01/1995
4. FEI Number	41-1458272	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0532 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

Signature typed or printed name of registered agent and the corporation

(If the Registered Agent signature is required when requesting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PQ BARTELS, J.	1. TITLE	President & CEO
NAME	12755 STATE HWY 55	12. NAME	John Norlander
STREET ADDRESS	MINNEAPOLIS MN	13. STREET ADDRESS	12755 State Hwy 55
CITY-ST-ZIP		14. CITY-ST-ZIP	Minneapolis MN 55441
TITLE	SV BERKWITZ, R.S.	2. TITLE	
NAME	12755 STATE HWY 55	22. NAME	
STREET ADDRESS	MINNEAPOLIS MN	23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE	TV DIRACLES, JOHN M.	3. TITLE	
NAME	12755 STATE HWY. 55	32. NAME	
STREET ADDRESS	MINNEAPOLIS MN	33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	V HAMANN, D.M.	4. TITLE	
NAME	12755 STATE HWY. 55	42. NAME	
STREET ADDRESS	MINNEAPOLIS MN	43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	VP OLSEN, JOHN P.	5. TITLE	
NAME	12755 STATE HIGHWAY 55	52. NAME	
STREET ADDRESS	MINNEAPOLIS MN	53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	D BEARMON, LEE	6. TITLE	
NAME	12755 STATE HIGHWAY 55	62. NAME	
STREET ADDRESS	MINNEAPOLIS MN	63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Darrel M. Hamann

Darrel M. Hamann, Vice Pres. - Tax 4-22-96 612-540-5883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

CR2E034 (12/95)