

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90033 021 ***150.00

DOCUMENT # P03155

1. Corporation Name

RADISSON HOTELS INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
12755 STATE HIGHWAY 55
MINNEAPOLIS MN 55441

Mailing Address
P. O. BOX 50159
ATTN: TAX DEPT.
MINNEAPOLIS MN 55459-8250
US

3. Date Incorporated or Qualified

08/24/1984

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

41-1458272

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing... ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCEO ☐ DELETE
NAME NELSON, CURTIS C
STREET ADDRESS 12755 STATE HWY 55
CITY-ST-ZIP MINNEAPOLIS MN

1.1 TITLE CEO ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SV ☐ DELETE
NAME BERKOWITZ, R.S.
STREET ADDRESS 12755 STATE HWY 55
CITY-ST-ZIP MINNEAPOLIS MN

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TV ☐ DELETE
NAME DIRACLES, JOHN M.
STREET ADDRESS 12755 STATE HWY. 55
CITY-ST-ZIP MINNEAPOLIS MN

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME HAMANN, D.M.
STREET ADDRESS 12755 STATE HWY. 55
CITY-ST-ZIP MINNEAPOLIS MN

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VP ☒ DELETE
NAME OLSEN, JOHN P.
STREET ADDRESS 12755 STATE HIGHWAY 55
CITY-ST-ZIP MINNEAPOLIS MN

5.1 TITLE P ☐ Change ☒ Addition
5.2 NAME Eric A. Danziger
5.3 STREET ADDRESS 12755 State Hwy 55
5.4 CITY-ST-ZIP Minneapolis MN 55441

TITLE D ☒ DELETE
NAME BEARMON, LEE
STREET ADDRESS 12755 STATE HIGHWAY 55
CITY-ST-ZIP MINNEAPOLIS MN

6.1 TITLE Chairperson of the Board & D ☐ Change ☒ Addition
6.2 NAME Marilyn C. Nelson
6.3 STREET ADDRESS 12755 State Hwy 55
6.4 CITY-ST-ZIP Minneapolis MN 55441

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7399 612-212-2920

CR2E034 (11/98)