

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03155

1. Entity Name

RADISSON HOTELS INTERNATIONAL, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90113 001 ***150.00

Principal Place of Business 12755 STATE HIGHWAY 55 MINNEAPOLIS MN 55441	Mailing Address P. O. BOX 50159 ATTN: TAX DEPT. MINNEAPOLIS MN 55405-0159 US
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2. Principal Place of Business 1405 Xenium Lane No. Suite, Apt. #, etc.	3. Mailing Address P O Box 59159 Suite, Apt. #, etc.
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City & State Minneapolis MN	City & State
Zip 55441	Country
Zip 55441	Country

4. FEI Number 41-1458272	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYES ST SUITE 105 TALLAHASSEE FL 32301
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED NELSON, CURTIS C 12755 STATE HWY 55 MINNEAPOLIS MN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BERKWITZ, R.S. 12755 STATE HWY 55 MINNEAPOLIS MN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV DIRACLES, JOHN M. 12755 STATE HWY. 55 MINNEAPOLIS MN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMANN, D.M. 12755 STATE HWY. 55 MINNEAPOLIS MN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANZIGER, ERIC A 12755 STATE HIGHWAY 55 MINNEAPOLIS MN 55441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD BEARMON, LEE 12755 STATE HIGHWAY 55 MINNEAPOLIS MN 55441 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO 1405 Xenium Lane NO. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1405 Xenium Lane No. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1405 Xenium Lane NO. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1405 Xenium Lane NO. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1405 Xenium Lane No. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB Dir Marilyn Carlson Nelson 1405 Xenium Lane No. Minneapolis MN 55441 <input type="checkbox"/> Change <input checked="" 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: Darrel M. Hamann Darrel M. Hamann, VP - Tax 4-24-00 763-212-2920

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)