

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
Division of Corporations and Charitable Organizations

APPROVED
AND
FILED

MAY 23 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P37822** (4)
RAE HOTEL CORPORATION

Principal Place of Business: C/O CHRYSLER CAPITAL CORPORATION
225 HIGH RIDGE ROAD
STAMFORD CT 06905
Mailing Address: C/O CHRYSLER CAPITAL CORPORATION
225 HIGH RIDGE ROAD
STAMFORD CT 06905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/09/1982	3a. Date of Last Report 05/01/1994
4. FCI Number 06-1227202	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
7. This corporation has liability for state taxes under the 1992 state Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # (if)	26. State Apt. # (if)
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. State FL
	85. Zip Code

11. Pursuant to the provisions of Sections 609.01(1)(c) and 609.01(1)(d), 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 the laws and rules of application of the law of the State of Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
OFFICER	PD BISHOP, W. S. %225 HIGH RIDGE ROAD STAMFORD CT	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	V PETERSON, M. O. %225 HIGH RIDGE ROAD STAMFORD CT	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	S WISE, C. L. %225 HIGH RIDGE ROAD STAMFORD CT	14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	AT SIMMONS, RUBEN %225 HIGH RIDGE RD STAMFORD CT	15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	V CANTWELL, D. M. %225 HIGH RIDGE ROAD STAMFORD CT	16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	CD LATHAM, P. H. %225 HIGH RIDGE ROAD STAMFORD CT	17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 609.02(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 resident or resident commissioner to exercise the right as required by Chapter 609, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:
PRINTED NAME OF SIGNER: RUBEN SIMMONS

5/12/95 203-975-3200