

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90077 027 \*\*\*150.00

**DOCUMENT # P37822**

1. Entity Name  
**RAE HOTEL CORPORATION**

Principal Place of Business	Mailing Address
C/O CHRYSLER CAPITAL CORPORATION 225 HIGH RIDGE ROAD STAMFORD CT 06905	C/O CHRYSLER CAPITAL CORPORATION 225 HIGH RIDGE ROAD STAMFORD CT 06905-3000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>06-1227202</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, W. S.		NAME		
STREET ADDRESS	%225 HIGH RIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, M. O.		NAME		
STREET ADDRESS	%225 HIGH RIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, C. L.		NAME		
STREET ADDRESS	%225 HIGH RIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, RUBEN		NAME		
STREET ADDRESS	%225 HIGH RIDGE RD		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COZART, RICHARD M		NAME		
STREET ADDRESS	225 HIGH RIDGE RD		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06905		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, FRED R		NAME		
STREET ADDRESS	225 HIGH RIDGE RD		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06905		CITY-ST-ZIP		

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: \_\_\_\_\_ Date 5/22/00 Daytime Phone # (203) 925-3292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR 1.014 (MARS)