



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

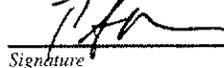
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 103013		2. Name of Corporation WESTIN MANAGEMENT COMPANY NORTH			
3. Street Address Principal Business Office 1111 WESTCHESTER AVE			City WHITE PLAINS	State NY	Zip 10604
4. Business Phone No. (602) 852-3900		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island HOTEL MANAGEMENT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RAYMOND L. GELLEIN			Vice President Name PETER MORROW		
Street Address 1111 WESTCHESTER AVENUE			Street Address 2231 E. CAMELBACK ROAD, SUITE 400		
City WHITE PLAINS	State NY	Zip 10604	City PHOENIX	State AZ	Zip 85016
Secretary Name KENNETH S. SIEGEL			Treasurer Name STEVE SCHIFFMAN		
Street Address 1111 WESTCHESTER AVE			Street Address 1111 WESTCHESTER AVENUE		
City WHITE PLAINS	State NY	Zip 10604	City WHITE PLAINS	State NY	Zip 10604
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name VASANT M. PRABHU			Director Name		
Street Address 1111 WESTCHESTER AVE			Street Address		
City WHITE PLAINS	State NY	Zip 10604	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,100		\$.01	100	COMMON	0.01
			15,000	PREFERRED	0.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

 2-26-08
Signature Date

PETER MORROW

Print or Type Name

VP & ASS'T TREASURER

Title

File Date _____
Check No. _____
By: _____
FEB 29 2008
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