

FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _______ 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation **Eastern Resorts Corporation** 3. Street Address Principal Business Office State ZID Cin 8427 South Park Circle; Ofc of the Gen. Counsel Orlando 32819 4 Business Phone No. 5. State of Incorporation 6. SIC Code (973) 496-2633 0 DELAWARE 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE OPERATION AND DEVELOPMENT OF REAL PROPERTY. ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Vice President Name Franz S. Hanning Lynn A. Feldman Street Address Street Address 8427 South Park Circle 1 Campus Drive ZID Zin State Orlando FL Parsippany NJ 32819 07054 Secretary Name Treasurer Name David B. Wyshner Eric J. Bock Street Address Street Address 9 W. 57th St., 37th Fl. 1 Campus Drive State New York NY 10019 NJ 07054 Parsippany Director Name Director Name James E. Buckman Stephen P. Holmes Street Address Street Address 9 W. 57th St., 37th Fl. 1 Campus Drive City State Z.ip City State Zip New York NY 10019 Parsippany NJ 07054 Director Name Director Name David B. Wyshner Street Address Sirect Address l Campus Drive City State City State Zip Ζip NJ Parsippany 07054 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 0 ٥٥١, 1,000 COMM \$.01 PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 ate true and correct FILED File Date Signature of Officer MAR 2_5

Lynn A. Feldman Print or Type Name of Officer

Title of Officer

Vice President and Assistant Secretary



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State



Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED OR PRI	NTED IN BLACK)			
1. Corporate ID No.	2. Name of Corporation			
103554	Eastern Resorts Corporation			
3. Street Address Principal Business 8427 Sout	· · · · · · · · · · · · · · · · · · ·	Orhando	FLOSIda	²¹⁰ 32819
4. Business Phone No. 407 - 370	5. State of Incorporation			G. SIC Code
7. Brief Description of the Character	r of Business Conducted in Rhode Island PERATION AND DEVELOPMENT OF REAL PR	OPERTY.	· · · · · · · · · · · · · · · · · · ·	
8. NAMES AND ADDRESSE	S OF THE OFFICERS: ("X" BOX FOR ATTA	CHMENT) FILL IN SI	PACES BEFORE USING A	TTACHMENTS
President Name		Vice President Name		
Franz	S. Hanning	Jos	eph Huher	
Sircer Address 8427 S	outh Park Circle	Street Address Camb	us Drive	
Orlando Secretary Name	FLorida 32819	City Parsippany	New Jersey	07054
Eric J.	Sock	David	Wushner	
9 West 574	Street, 37th FLOOR	Sircei Address Cami	ous Drive	<u>-</u>
New York 9. NAMES AND ADDRESSE	New York 10019	Parsippany	New Jersey	07054
Director Name.	S OF THE DIRECTORS: ("X" BOX FOR AT	TACHMENT) FILL-IN	SPACES REPORE USING	ATTACHMENTS
James E	Buckman	Stepher	P. Holme	S
Sircei Address 9 West 57 mst	treet, 37th FLoor	Street Address Campi		
New York Director Name	New York 10019	Parsippany.	New Jersey	07054
David Wu	Shner			
Street Address	rive	Street Address		
Parsippuny	New Jersey 07054	City	State	Z(p
	("X" BOX FOR ATTACHMENT)	11. SHARES ISSUED (*.	I X" BOX FOR ATTACHME	ENT)
Number of Shares	Class/Series Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$.01 PAR VAL	UE	100	Common	a, 01
This report must be	signed in ink by either the President, Vice P	resident, Secretary, Assistan	Secretary, Treasurer, Re-	ceiver or Trustee

	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
File Date	1-26-04
Check No	118943
<i>By</i> :	IR SECRETARY OF STATE USE ONLY

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

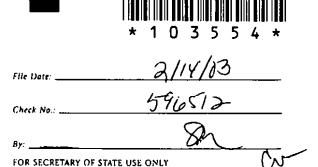
Joseph Khulen	1/12/04
Signifure of Officer	Date
Joseph Huber	
Print or Type Name of Officer	· -
Vice President	
Title of Officer	

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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FORM MUST BE TYTED OR PRIN 1. Carparate ID No. 103554	2. Name of Corpora		Office of the Gener	al Councel	
100004 3. Street Address Principal Busines.		orts Corporation	City	Slate	Zip
8427 South Park C 6. Business Phone No. 407-370-5200 7. Brief Description of the Charact	ircle	S. State of Incorpo DELAWAR In Rhade Island	Orlando	FL	32819 6. SIC Code 0
Develop and mark B. NAMES AND ADDRES President Name				BEFORE USING ATTACK	IMENTS
Franz Hanning Greet Address			Joseph Huber Street Address		
8427 South Park C	Circle State	Zip	l Campus Driv	e State	Zip
Orlando Secretary Name	FL	32819	Parsippany Teasurer Name	NJ .	. , 07054
Eric Bock			Duncan Cocrof	t	
9 W. 57th St 3	37th FL State	Zip	(same as abov	e) State	Zip
New York 9. NAMES AND ADDRE: Director Name	NY SSES OF THE DIR	10019 ECTORS (*x* 80x F	DR ATTACHMENT) FILL IN SPAC Director Name	ES BEFORE USING ATTA	CHMENTS
James Buckman			Stephen Holme	S	
(same as above)	State	ZIp	(same as abov	e) State	Zip
Director Name		•	Director Name	•	•
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZI AUTHORIZED SHARES	ED (*x* box for att	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$.01 PAR V	ALUE		100	none	,0/

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Zi-Jamile og vi	
Signature of Officer Date	
Joseph Huber	

Joseph	Huber		
Int or Type N	iame of Officer		

VP, Tax Title of Officer **₹**> 3



(FORM MUST BE TYPED IN BLACK)

1. Ogrporate ID No.

Edward S. Inman, III. Secretary of State Corporations Division -100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No.		2. Name o	f Corporation				
1035	554	J	Fastor	n Kasorts	: Corporation	\wedge	
3. Street Address Pri	ncipal Business Off				City	State	Zip
115 Lo	ng Warf				Newport	RI	02840 🗸
4. Business Phone N	lo.			5. State of Incorporation			6. SIC Code
973-42	8-9700			DELAWARE			
7. Brief Description	of the Character of	Business Co	onducted in Rhod	le Island			
	Develop a	ind mai	rket vaca	ation ownership	properties		
8. NAMES AN President Name	D ADDRESSE	S OF TH	E OFFICER	S (*X* BOX FOR ATTACHN	IENT) FILL IN SPACES BEFO Vice President Name	ORE USING ATTACHM	ENTS
Street Address	R. Perry	Harri	6		Richard Winkler		
	115 Long	Wharf			115 Long Wharf		
City	113 258	State		Zip	City	State	Zip
Newport Secretary Name			RI	02840	Newport Treasurer Name	NJ	02840
Street Address	Richard W	Vinkle	r		James Mercurio		
	(same as	above)		(same as above)		
City	•	State	•	Zip	City	State	Zip
Director Name Street Address	Richard F		n		Director Name Street Address		
5 1.	(same as				<u>+</u>	_	•
City		State		Zip	City	State	Zip
Director Name					Director Name		• . •
Street Address					Street Address		
City		State		Zip	City	State	Zip
10. SHARES AT AUTHORIZED SHARES		(*X* BOX	FOR ATTACHM	ENT)	11. SHARES ISSUED (*X* BO	OX FOR ATTACHMENT)	
Number of Shares		Class/Ser	es	Par Value	Number of Shares	Class/Series	Par Value
1,000		none	و	. 01	100	none	.01
This report m	ust he stance	in int	hu aithar A	ha Deacidant Vica Da	esident, Secretary, Assistan	. Cocrotons Transcorre	Dagaivar or Truck
ims report in	ase of signed	III III K	by entirer t	ne riesidelli, vice l'I	esident, secretary, Assistan	it secretary, measurer	, Receiver of Huste
							-

FOR SECRETARY OF STATE USE ONLY

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.

Date

3/18/2002

Richard Winkler
Print or Type Name of Officer

Vice President Title of Officer

Signature of Officer

⇔ 5

Form 630 12/01

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

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	M MUST BE TYPED IN BLACK					
1. Corj	pòrate ID No. 103554	2. Name of Corporation Eastern Reso	rts Corporation	1		
3. Stre	et Address Principal Business Of	Mce		City	State	Zip
4. Bus	115 Long Wharf Iness Phone No.		5. State of Incorporation	Newport,	RI	02840 6. SIC Code
7. Brie	(401) 845–0100 f Description of the Character of	Business Conducted in Rho	DELAWARE de Island			
	real property m AMES AND ADDRESSE ent Name	anagement and S OF THE OFFICER	development RS ("X" BOX FOR ATTACH.	MENT) FILL IN SPACES BEFO	ORE USING ATTACHME	ENTS
Street .	R. Perry Harris	•		Street Address		
City	115 Long Wharf	State	Zip	City	State	Zip
Secreta	Newport	RI	02840	Treasurer Name		
Street i	Richard G. Wink	ler		R. Perry Harris		
City	115 Long Wharf	State	Zip	115 Long Wharf	State	Zip
	Newport	RI	02840	Newport	RI	02840
	AMES AND ADDRESSE			•	EFORE USING ATTACH	MENTS
Street .	Richard C. Bree	den		Street Address		
City	100 Northfield	Street State	Zip	City	State	Zip
Directo	Greenwich	CT	06830	Director Name		
Street .	Address			Street Address		
City		State	Zlp	City	State	Zip
	HARES AUTHORIZED	("X" BOX FOR ATTACHE	MENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACHMENT)	
Numbe	er of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,	000 COMM \$.01 P/	AR VALUE		100	common	no

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

100	* 1 0 3 5 5 4 *
File Date:	1/25/00
Check No.:	3805
Ву:	L AC
FOR SECRETAR	Y OF STATE USE ONLY

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.

Signature of Officer Date

Richard G. Winkler Print or Type Name of Officer

Secretary Title of Officer



James R. Langevin, Sccretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP	
PLEASE READ INSTRUCTIONS	
INSTRUCTIONS	

(FORM MUST BE TYPED IN B.						
1. Corporate ID No. 103554	2. Name of Corpora Eastern Re	esorts Corporation				
3. Street Address Principal Busine	ess Office		City	State	Zip	
115 Long Whar	f		Newport	RI	02840	
4. Business Phane No.		5. State of Incorporation DELAWARE	п		6. SIC Code	
Real property	ter of Business Conducted y management a	nd development				
8. NAMES AND ADDRI	ESSES OF THE OFF	ICERS (*X* BOX FOR ATT)	ACHMENT) FILL IN SPACE	S BEFORE USING ATTAC	HMENTS	
R. Perry Harri	S		Vice President Name			
Street Address 115 Long Wharf			Street Address	•		
City	State	Zip	City	State	Zip	
Newport	RI	02840			'	
Secretary Name Richard G. Win	kler	1	Treasurer Name R. Perry Harris			
Street Address		· · · · · · · · · · · · · · · · · · ·	: Street Address			
115 Long Wharf			115 Long Wha	arf		
City	State	21p ·	City	State	Zip	
Newport	RI	02840	Newport	RI	02840	
• • • • • • • • • • • • • • • • • • •	ESSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) (_ FILL IN SPA	CES BEFORE USING ATT	ACHMENTS	
Director Name			Director Name			
Richard C. Bre	eden	·	<u>. :</u>	 		
Street Address			Street Address			
100 Northfield			· · · · · · · · · · · · · · · · · · ·			
City	State	Zip	City	State	Zip	
Greenwich Director Name	CT	06830	Director Name			
Director name			Director Name		•	
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address			
			-			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZ	ZED ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
AUTHORIZZID SHARES			ISSUED SHARES	·· ·· · · · · · · · · · · · · · · · ·		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Volue	
1,000 COMM \$.01 PAR VALUE			100	Common	No	
The transfer of the transfer o			B 11 . 2			
This report must be sig	gned in ink by eit	her the President, Vic	ce President, Secretary, As	ssistant Secretary, Treas	urer, Receiver or Trus	
1.18	9181 (1811 88188 III.81 #118	1 84111 8191 1881				
		 				

Under penalty of perjury, I declare and affirm that I have examined

File Date:	1166,99	·
	16766	
Check No.:	ar.	
By:		

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

January 29 1999

Signature of Officer Richard Winkler

Secretary

Print or Type Name of Officer

Title of Officer