

1.) CORPORATION NAME: **Fairmont Hotels & Resorts (U.S.) Inc.** DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **CT CORPORATION SYSTEM** SCC ID NO: **F1448119**
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 90,000 |
| PREFER | 10,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 805 Third Avenue, 15th Floor
 CITY/ST/ZIP: New York, NY 10022

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | |
|---------------------------------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MARK D. ROZELLS | | |
| TITLE: CFO | | |
| ADDRESS: 155 WELLINGTON ST W STE 3300 | | |
| CITY/ST/ZIP/CO: , ON , CA | | |

| | | |
|--|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: PAULA A MCMULLAN | | |
| TITLE: CORP S | | |
| ADDRESS: 155 WELLINGTON STREET W STE 3300 | | |
| CITY/ST/ZIP/CO: TORONTO ONTARIO M5V 0C3 , , FN | | |

| | | |
|---|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: MICHAEL LAPLANTE | | |
| TITLE: TREASURER | | |
| ADDRESS: 155 WELLINGTON ST W. STE 3300 | | |
| CITY/ST/ZIP/CO: TORONTO,,,CANADA , , FN | | |

| | | |
|---|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TERENCE P BADOUR | | |
| TITLE: EVP | | |
| ADDRESS: 155 WELLINGTON STREET W STE 3300 | | |
| CITY/ST/ZIP/CO: , Ontari M5V 0C3, CA | | |

| | | |
|---|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Michael F Glennie | | |
| TITLE: DIRECTOR | | |
| ADDRESS: 155 Wellington Street W. | | |
| CITY/ST/ZIP/CO: Toronto, Ontari M5V 0C3, CA | | |

| | | |
|---|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: Jennifer Fox | | |
| TITLE: PRESIDENT | | |
| ADDRESS: 155 Wellington Street W. | | |
| CITY/ST/ZIP/CO: Toronto, ON M5V 0C3, CA | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|--|----------------------------------|------------|
| /s/ PAULA A MCMULLAN | PAULA A MCMULLAN, CORP S | 11/15/2012 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | |