See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **and ending**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

ST. LOUIS AREA HOTEL ASSOCIATION

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite

701 CONVENTION PLAZA, SUITE 300

City or town, state or country, and ZIP + 4

ST. LOUIS, MO 63101

D Employer identification number

43-0603018

E Telephone number

(314) 206-7341

F Group Exemption Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ WWW.STLHOTELS.COM

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 300,145.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	89,409.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	79,916.
	4	Investment income		4	15,959.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 89,409. of contributions reported on line 1)	6a 95,601.		
	b	Less: direct expenses other than fundraising expenses	6b 95,292.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	309.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ SEE STATEMENT 4)		8	19,260.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	204,853.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 6		10	32,275.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	60,000.
	13	Professional fees and other payments to independent contractors		13	4,989.
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 5		14	3,634.
	15	Printing, publications, postage, and shipping		15	5,654.
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	83,309.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	189,861.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	14,992.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	395,463.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	410,455.

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	434,754.	22	405,614.
23	Land and buildings		23	
24	Other assets (describe ▶ SEE STATEMENT 2)	5,025.	24	8,083.
25	**Total assets**	439,779.	25	413,697.
26	**Total liabilities** (describe ▶ SEE STATEMENT 3)	44,316.	26	3,242.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	395,463.	27	410,455.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 8

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 SEE STATEMENT OF EXEMPT PURPOSE

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
VICKI BOYER, 701 CONVENTION PLAZA, SUITE 300, ST. LOUIS, MO 63101	EXECUTIVE DIRECTOR 40.00	60,000.	0.	0.
SEE ATTACHED SCHEDULE	0.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ MO

42a The organization's books are in care of ▶ TAMI RODERICK/VICKI BOYER Telephone no. ▶ 314-206-7341
Located at ▶ 701 CONVENTION PLAZA, STE. 300, ST. LOUIS, MO ZIP + 4 ▶ 63101

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

N/A

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Signature of officer — Date 5-17-10

▶ Joe Bryson, Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Mark E Meyerhoff — Date 5-14-10 — Check if self-employed ▶ ☐ — Preparer's identifying number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KIEFER BONFANTI & CO. LLP
701 EMERSON ROAD, STE 201
ST. LOUIS, MO 63141-6741

EIN ▶

Phone no. ▶ (314)432-6700

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization: ST. LOUIS AREA HOTEL ASSOCIATION

Employer identification number: 43-0603018

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col (c))
Revenue	1 Gross receipts	180,885.			180,885.
	2 Less. Charitable contributions	89,409.			89,409.
	3 Gross income (line 1 minus line 2)	91,476.			91,476.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	50,547.			50,547.
	6 Rent/facility costs	36,755.			36,755.
	7 Food and beverages	592.			592.
	8 Entertainment				
	9 Other direct expenses	3,582.			3,582.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(91,476)
	11 Net income summary Combine line 3, column (d), and line 10			▶	0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes____ % ☐ No	☐ Yes____ % ☐ No	☐ Yes____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine line 1, column (d), and line 7			▶	

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities. _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c If "Yes," enter name and address of the third party:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
MONTHLY PROGRAM EXPENSES	13,933.
MARKETING INITIATIVE	25,000.
PAYCHEX FEE	1,092.
WORKER'S COMP INSURANCE	637.
EMPLOYEE PARKING/VALIDATIONS	988.
BANK CHARGES	27.
CREDIT CARD CHARGES	3,218.
DUES AND SUBSCRIPTIONS	8,461.
INSURANCE	2,849.
OFFICE SUPPLIES	1,099.
TRAVEL & ENTERTAINMENT	2,218.
CONFERENCES & MEETINGS	971.
FLOWERS AND GIFTS	884.
MISCELLANEOUS EXPENSE	6.
IT SERVICES AND SUPPLIES	4,830.
HSMAI AWARDS PROGRAM EXPENSE	12,045.
PAYROLL TAXES	5,051.
TOTAL TO FORM 990-EZ, LINE 16	83,309.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE AND PREPAID EXPENSES	5,025.	3,250.
OTHER DEPRECIABLE ASSETS	0.	4,833.
TOTAL TO FORM 990-EZ, LINE 24	5,025.	8,083.

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND DEFERRED REVENUE	44,316.	3,242.
TOTAL TO FORM 990-EZ, LINE 26	44,316.	3,242.

FORM 990-EZ OTHER REVENUE STATEMENT 4

DESCRIPTION	AMOUNT
MONTHLY PROGRAM REVENUE AND MISCELLANEOUS REVENUE	6,610.
HSMAI AWARDS PROGRAM	12,650.
TOTAL TO FORM 990-EZ, LINE 8	19,260.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION	298.
OTHER EXPENSES	3,336.
TOTAL TO FORM 990-EZ, LINE 14	3,634.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIPS VARIOUS	NONE	25,000.
SCHOLARSHIPS/DONATIONS VARIOUS	NONE	5,500.
COMMUNITY SERVICE VARIOUS	NONE	1,775.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		32,275.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 7

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

THE OBJECTIVE OF THE ASSOC. IS TO CULTIVATE PROFESSIONAL COOPERATION AND SOCIAL INTERACTION AMONG ITS MEMBERS, PROVIDE PROGRAMS TO SOLVE PROBLEMS ASSOCIATED WITH THE HOSPITALITY INDUSTRY, AND PROMOTE AND PROTECT THE INTERESTS OF ITS MEMBERS.

St. Louis Area Hotel Association
2009 Board of Directors Listing

SLAHA Executive Committee

First Name	Last Name	SLAHA Title	Company Name	Address Line 1	City	State	ZIP Code
Robert	Bray	Chairman	Renaissance St. Louis Grand & Suites Hotel	800 Washington Avenue	St. Louis	MO	63101
Al	Sedlacek	President	Hilton St. Louis Frontenac	1335 South Lindbergh Blvd.	St. Louis	MO	63131
Jay	Campbell	Vice President	Millennium St. Louis	200 South Fourth St.	St. Louis	MO	63102
Bill	Fontes	Treasurer	Renaissance Hotel St. Louis Airport	9801 Natural Bridge Road	St. Louis	MO	63134
Joe	Bryson	Secretary	HoteLumiere	999 N. 2nd St.	St. Louis	MO	63102
Joe	Ruggeri, CHA	Legislative Representative	Crowne Plaza St. Louis Downtown	200 North Fourth Street	St. Louis	MO	63102
Mitch	Bolen	Executive Officer	Sheraton Westport Chalet	900 Westport Plaza	St. Louis	MO	63146
Leo	Chandler	Executive Officer	St. Louis Airport Marriott	10700 Pear Tree Lane	St. Louis	MO	63134

SLAHA Directors

First Name	Last Name	SLAHA Title	Company Name	Address Line 1	City	State	ZIP Code
Jack	Cancilla	Director	St. Louis University	3322 Olive Street, Suite 232	St. Louis	MO	63103
Apollo	Carey	Director	Sandberg, Phoenix & von Gontard	One City Center, Suite 1500	St. Louis	MO	63101
Kim	Carpenter	Director	Ameristar Casino Resort Spa	One Ameristar Boulevard	St. Charles	MO	63301
Joe	Clote	Director	Publishing Concepts LLC/Missouri Meetings & Events	6590 Scanlan Ave.	St. Louis	MO	63139
Arthur A.	Clyne, Jr.	Director	Swank Audio Visuals, Inc.	639E Gravois Bluffs	Fenton	MO	63026
Charles T.	Dubuque	Director	Ronnoco Coffee Company	4241 Sarpy	St. Louis	MO	63110
Margee	Gloriod	Director	Proctor & Gamble Professional	747 Oriental Lily Drive	O'Fallon	MO	63366
Dan	Gough	Director	Hilton Garden Inn St. Louis Chesterfield	16631 Chesterfield Grove Road	Chesterfield	MO	63005
Chuck	Harper	Director	Sheraton Clayton Plaza Hotel	7730 Bonhomme Avenue	Clayton	MO	63105
Jeffrey	Ivory	Director	St. Louis Community College/Forest Park	5600 Oakland Ave.	St. Louis	MO	63110
David	James	Director	Arch Framing	7844 Manchester Rd.	St. Louis	MO	63143
Doug	Johaningmeyer	Director	Drury Inn & Suites St. Louis Forest Park	2111 Sulpher Ave.	St. Louis	MO	63139
Dan	Kaplan	Director	The Westin St. Louis	811 Spruce Street	St. Louis	MO	63102
Thierry	Kennel	Director	Four Seasons Hotel St. Louis	999 North 2nd St.	St. Louis	MO	63102
Denny	Knicos	Director	Ratermann and Associates, Inc.	246 Grand Ave.	St. Louis	MO	63122
Rob	Kravitz	Director	Sheraton St. Louis City Center Hotel & Suites	400 South 14th Street	St. Louis	MO	63103
Lynn	Larkin	Director	Design Extra	8834 Pardee Rd	St. Louis	MO	63123
Gogo	Navapant	Director	Hilton St. Louis Airport	10330 Natural Bridge Road	St. Louis	MO	63134
Steve	O'Loughlin	Director	Lodging Hospitality Management	111 Westport Plaza #500	St. Louis	MO	63146
Martin	Pittman	Director	Omni Majestic Hotel	1019 Pine	St. Louis	MO	63101
Rob	Patterson	Director	Doubletree St. Louis at Westport	1973 Craigshire Rd.	St. Louis	MO	63146
Mary	Ramatowski	Director	USA TODAY	P.O. Box 28908	St. Louis	MO	63132

Kitty	Ratcliffe	Director	St. Louis Convention & Visitors Commission	701 Convention Plaza, Suite 300	St. Louis	MO	63101
Stehanie	Richter	Director	Harrah's St. Louis Casino and Hotel	777 Casino Center Dr	Maryland Heights	MO	63043
Jim	Sanderson	Director	PFG Middendorf	3737 North Broadway	St. Louis	MO	63147
Jeffrey	Saunchegraw	Director	Charter Communications	941 Charter Commons Dr.	Town & Country	MO	63017
Erich	Smith	Director	Hilton St. Louis at the Ballpark	One South Broadway	St. Louis	MO	63102
Erich	Steinbock	Director	The Ritz Carlton, St. Louis	100 Carondelet Plaza	St Louis	MO	63105
Bob	Swehla	Director	Residence Inn St. Louis Downtown	525 South Jefferson	St. Louis	MO	63103
Bruce	Westerlin	Director	Chase Park Plaza	212-232 N. Kingshighway Blvd.	St. Louis	MO	63108
David	Ziegler	Director	Drury Plaza Hotel St. Louis	2 South 4th Street	St. Louis	MO	63102

STATE OF MISSOURI

Robin Carnahan
Secretary of State

CERTIFICATE OF AMENDMENT
OF A
MISSOURI NONPROFIT CORPORATION

WHEREAS,

St. Louis Area Hotel Association
N00012753

Formerly,

HOTEL AND MOTEL ASSOCIATION OF GREATER ST. LOUIS

a corporation organized under The Missouri Nonprofit Corporation Law has delivered to me its Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the Amendment of Articles of Incorporation under The Missouri Nonprofit Corporation Law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.

IN TESTIMONY WHEREOF, I hereunto
set my hand and cause to be affixed the
GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, this
11th day of January, 2010.

Secretary of State