FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT #

847990

(9)

FILED May 01 1996 8:00 am Secretary of State

3. Date Incorporated or Qualified 3a. Date of Last Report

CHOICE HOTELS INTERNA	 	
Principal Place of Business	Mailing Address	
10750 COLUMBIA PIKE SILVER SPRING MD 20901-4427	10750 COLUMBIA PIKE SILVER SPRING MD 20901-4427	

										01/20/1981		- {	05/01/1	1995
2.	Principal Place of Business				2a. Mailing Address				4. FEI Number				Applied For	
21		26						52-1209792				Not Applicable		
22	Suite, Apt. #, etc.	, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status	Desired []		Additional Required		
	City & State			T	Oty & State					6. Election Campaign F	inancing		\$5.0	O May Be
23				28	28				Trust Fund Contribut	ion [•	d to Fees	
	Zip	L	Country		Zφ		Country			8. This corporation has	liability for inta	ngible ta	cunder s	199.032,
24		2	25	29		30				Florida Statutes	Yes [] No		
	9. 1	Name a	and Address of Current	t Regist	ered Agent					10. Name and Address	of New Regi	stered A	gent	
						81	N:	ame						
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105						82	SI	treet Addre	t Address (P.O. Box Number is Not Acceptable)					
						83								
	TALLAHASS	see fi	L 32301				84	Çi	ity		···		85 Z	ρ Code
												FL	1	·
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.														
SIG	NATURE: Signature	e tycad o	Oprofed hat ne hilling cossed Age. Th	aral Stella	progation.	(NJH) Reg	oteres Agur	it sign	afaté tesperés :	At or, recessibling		DATE		
12.			OFFICERS AND	DIREC	IORS		13.			ADDITIONS/CHANG	FS TO OFFICE	RS AND	DIRECTO	DRS IN 12
TITL	E 1	VC			☐ DELETI	E	1.1 TIFLE] Change	☐ Addition
NAM	AE [BAINU	M STEWART				1.2 NAME							
STRE	EET ADDRESS	705 EC	DELBLUT DRIVE				1.3 STREET	ADD	RESS					
CITY	r-ST-ZIP	011.00			1.4 CHY-S	1 - 716	,							
TITU		VC			☐ DELE II	ŧ	2.1 THEF] Change	noitibbA 🔲
NAM	NE S	STEW	art Bainum				2.2 NAME							
STRI	I					2.3 STREET ADDRESS								
CHTY	r - SY - ZIP	CHEV	Y CHASE MD				24 CHY 5	7 - ZIE	,					
TITU		CCE			DELETI	E	3 1 hite] Change	☐ Addition
NAM	4E 1	HAZAF	rd robert c.				3.2 NAME							
STR		—	BERMAN WOODS WA	١Y			33 STREE	I ADO	RESS					
CITY			MAC MD				3 4 Cily S	1 - ZIF	,					
1HTU		DPCO			☐ DELFTI	É	4 1 T'TLF						Change	Addition
NAM			r Gerald W.				4 2 NAME							
STE	I		NATELLI WOODS LAN	IE			4.3 STREET	ADO	RESS					
CITY			MAC MD				4.4.C+1Y-5		l					
TITU		VPGC	<u> </u>		DELET	t	5 1 T-TLE						Change	Add-tion
NAM			E JAMES H.				5 2 NAME					•		
STRI			CONNECTICUT AVEN	UF			53 STREET	ADD	RESS					
CITY			CHASE MD				5.4 City - 9		i					
TITU	,	AT			DELETI	E	6 1 TITLE		1				Change	Addition
NAM	1 '		Y GERALD F.				6.2 NAME						-	_
\$1RI			LANNER PLACE				6 3 STREET	ADD	RESS					
		LAURE					64 CHY S							
	I do bereby certif	⊷ny∩ K≀that t	L MV	with to c	flass a valuation	it: furnished	puo doo			r his evenuation stated in C	cation 110.07	Ovila File	inin Cana	A I for a discount

I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficient 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 12 or Block 13 if changed, or on an attachment with an address.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SIGNATURE**

ASST. TREASURER