
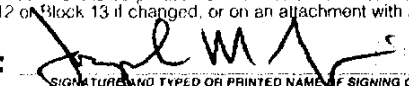


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 847990 (9)					
1. Corporation Name CHOICE HOTELS INTERNATIONAL, INC. CHOICE HOTELS FRANCHISING, INC.					
Principal Place of Business 10750 COLUMBIA PIKE SILVER SPRING MD 20901-4427			Mailing Address 10750 COLUMBIA PIKE SILVER SPRING MD 20901-4427		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/20/1981 3a. Date of Last Report 05/01/1996 4. FEI Number 52-1209792 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature of registered agent or officer and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE: VC NAME: BAINUM STEWART STREET ADDRESS: 705 EDELBLUT DRIVE CITY-STATE-ZIP: SILVER SPRINGS MD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: D 1.2 NAME: Floyd, William R. 1.3 STREET ADDRESS: 924 Beacon Square Ct., #327 1.4 CITY-STATE-ZIP: Gaithersburg, MD 20878	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: VC NAME: STEWART BAINUM STREET ADDRESS: 12 PRIMROSE STREET CITY-STATE-ZIP: CHEVY CHASE MD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: P/D 2.2 NAME: Landry, Donald J. 2.3 STREET ADDRESS: 15700 Sycamore Grove Ct. 2.4 CITY-STATE-ZIP: Rockville, MD 20853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: CCE NAME: HAZARD ROBERT C. STREET ADDRESS: 9732 BERMAN WOODS WAY CITY-STATE-ZIP: POTOMAC MD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: V/T/D 3.2 NAME: MacVicheon, James A. 3.3 STREET ADDRESS: 2032 Madrilan Springs Ct. 3.4 CITY-STATE-ZIP: Vienna, VA 22182	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: DPCO NAME: PETITT GERALD W. STREET ADDRESS: 7105 NATELLI WOODS LANE CITY-STATE-ZIP: POTOMAC MD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: S/V 4.2 NAME: Kubis, Edward A. 4.3 STREET ADDRESS: 3409 Falling Green Rd. 4.4 CITY-STATE-ZIP: Olney, MD 20832	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: VPGC NAME: REMPE JAMES H. STREET ADDRESS: 7810 CONNECTICUT AVENUE CITY-STATE-ZIP: CHEVY CHASE MD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: V 5.2 NAME: Squeri, Joseph M. 5.3 STREET ADDRESS: 7022 Gatten Square 5.4 CITY-STATE-ZIP: Alexandria, VA 22315	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: AT NAME: HICKEY GERALD F. STREET ADDRESS: 11901 LANNER PLACE CITY-STATE-ZIP: LAUREL MD	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 officer or director 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.					
SIGNATURE:  Joseph M. Squeri 4/29/97 (301) 979-6250 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					

CR2E034 (9/96)