

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 847990 (9)
1. Corporation Name
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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/20/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-1209792	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D FLOYD, WILLIAM R 924 BEACON SQUARE CT #327 GAITHERSBURG MD	1.1 TITLE	P/D
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	10750 Columbia Pike
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Silver Spring, MD 20901
TITLE	PD LANDRY, DONALD J 15700 SYCAMORE GROVE CT ROCKVILLE MD	2.1 TITLE	Donald Dempsey
NAME		2.2 NAME	10750 Columbia Pike
STREET ADDRESS		2.3 STREET ADDRESS	Silver Spring, MD 20901
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VTD MACCUTCHEON, JAMES A 2032 MADRILLON SPRINGS CT VIENNA VA	3.1 TITLE	Thomas Miron
NAME		3.2 NAME	10750 Columbia Pike
STREET ADDRESS		3.3 STREET ADDRESS	Silver Spring, MD 20901
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SV KUBIS, EDWARD A 3409 FALLING GREEN RD ONLEY MD	4.1 TITLE	S/V
NAME		4.2 NAME	Michael J. DeSantis
STREET ADDRESS		4.3 STREET ADDRESS	10750 Columbia Pike
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Silver Spring, MD 20901
TITLE	V SQERI, JOSEPH M 7022 GATTON SQUARE ALEXANDRIA VA	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	10750 Columbia Pike
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Silver Spring, MD 20901
TITLE	AT HICKEY GERALD F. 11901 LANNER PLACE LAUREL MD	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	10750 Columbia Pike
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Silver Spring, MD 20901

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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:  4/27/98 (301) 979-1250

CR2E034 (10/97)