

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **847990** ✓

1. Corporation Name

CHOICE HOTELS INTERNATIONAL, INC.

Principal Place of Business
**10750 COLUMBIA PIKE
SILVER SPRING MD 20901-4427**

Mailing Address
**10750 COLUMBIA PIKE
SILVER SPRING MD 20901-4427**

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90002 034 ***550.00

596997 - 90002 - 34



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1981

4. FEI Number

52-1209792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ 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

FL

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FLOYD, WILLIAM R	
STREET ADDRESS	10730 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPG MD 20901	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DEMPSEY, D	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPG MD 20901	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MIRGON, T	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPG MD 20901	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	DESANTIS, M J	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPG MD 20901	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SQUERI, JOSEPH M	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPG MD 20901	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	HICKEY GERALD F	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPG MD 20901	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Charles A. Hedsinger Jr.	
1.3 STREET ADDRESS	10750 Columbia Pike	
1.4 CITY-ST-ZIP	Silver Spring Md 20901	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mark C. Wells	
2.3 STREET ADDRESS	10750 Columbia Pike	
2.4 CITY-ST-ZIP	Silver Spring, Md 20901	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SQUERI, JOSEPH M.	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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

7-15-1999

CR2E034 (5/99)