

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

ANNEX 2 AV

DOCUMENT # F97000001015

1. Entity Name
INNKEEPERS HOSPITALITY IV, INC.

02-11-2002 90203 027 ***150.00

Principal Place of Business 340 ROYAL POINCIANA WAY SUITE 302 PALM BEACH FL 33480 US	Mailing Address 340 ROYAL POINCIANA WAY SUITE 302 PALM BEACH FL 33480 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0729750		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
FISHER, JEFFREY 302 ROYAL POINCIANA WAY PALM BEACH FL 33480				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	LANGLEY, JOHN <input checked="" type="checkbox"/> Delete	TITLE PRES	WEBB, RANDALL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	302 ROYAL POINCIANA WAY PALM BEACH FL	STREET ADDRESS CITY-ST-ZIP	302 ROYAL POINCIANA WAY PALM BEACH, FL 33480
TITLE D	FISHER, JEFFREY H <input type="checkbox"/> Delete	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	302 ROYAL POINCIANA WAY PALM BEACH FL	STREET ADDRESS CITY-ST-ZIP	
TITLE ST	POLLAK, ROGER <input type="checkbox"/> Delete	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	302 ROYAL POINCIANA WAY PALM BEACH FL 33480	STREET ADDRESS CITY-ST-ZIP	
TITLE AS	COHEN, PHILIP <input type="checkbox"/> Delete	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	302 ROYAL POINCIANA WAY PALM BEACH FL 33480	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roger Pollak* **WITNESS REQUIRED** **1-31-02 (Sat) 655-9001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)