


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000000425 1. Entity Name U.S. FRANCHISE SYSTEMS, INC.	
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Principal Place of Business 13 CORPORATE SQUARE, STE. 250 ATLANTA, GA 30329	Mailing Address 13 CORPORATE SQUARE, STE. 250 ATLANTA, GA 30329
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2361501	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000078128 03/08/04-80015-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, GLENN MADISON PLAZA, 200 WEST MADISON CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LEVEN, MICHAEL A 13 CORPORATE SQUARE, STE. 250 ATLANTA, GA 30329
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEOGA, DOUGLAS MADISON PLAZA, 200 WEST MADISON CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANDELSMAN, HANK MADISON PLAZA, 200 WEST MADISON CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPF DAYMAN, MARK 13 CORPORATE SQUARE, STE 250 ATLANTA, GA 30329
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AGCS ARONSON, STEPHEN D 13 CORPORATE SQUARE, STE 250 ATLANTA, GA 30329

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Dayman MARK DAYMAN 3/2/04 404-285-1812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #