2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09122

FILED Feb 06, 2006 Secretary of State

Entity Name: BEST WESTERN INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business: 6201 N. 24TH PARKWAY P.O. BOX 10203 PHOENIX, AZ 850647203 **Current Mailing Address: New Mailing Address:** 6201 N. 24TH PARKWAY PHOENIX, AZ 850162023 US FEI Number: 86-0138899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KONG, DAVID T Name: Name: 6201 N. 24TH PKWY Address: Address: City-St-Zip: PHOENIX, AZ 850162023 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSTON, RAYMOND E Name: Name: Address: 93 APPIAN WAY Address: City-St-Zip: PALM DESERT, CA 92211 City-St-Zip: Title: () Delete Title: () Change () Addition KINDGREN, NILS Name: Name: 1005 EAST APACHE BLVD. Address: Address: City-St-Zip: TEMPE, AZ 85281 City-St-Zip: (X) Change () Addition Title: () Delete Title: CRUSE, LOWELL E Name: Name: HELM, CHARLES H 2126 NORTH LOCUST AVENUE 1521 SHANNON ROAD EAST Address: Address: City-St-Zip: LAWRENCEBURG, TN 38464 City-St-Zip: SULPHUR SPRINGS, TX 75482 Title: () Delete Title: (X) Change () Addition PATEL, NAYAN JAWOROWICZ, ROMAN Name: Name: 3535 CHAIN BRIDGE RD, SUTE 700 924 KING STREET Address: Address: City-St-Zip: FAIRFAX, VA 22030 City-St-Zip: MIDLAND, ON L4R 4L3 CA Title: () Delete Title: (X) Change () Addition SMOTHERMAN, KEN SR MCPEAKE, BONNIE Name: Name: Address: I 35 AT 4TH STREET Address: 1500 SANDHILLS BLVD WACO, TX 76703 SOUTHERN PINES, NC 23815 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. JOHNSON O 02/06/2006