

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002142

1. Entity Name

WINGATE INNS INTERNATIONAL, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90406 022 ***550.00

Principal Place of Business

Mailing Address

6 SYLVAN WAY
 PARSIPPANY NJ 07054

6 SYLVAN WAY
 PARSIPPANY NJ 07054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-3360267**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D HOLMES, STEPHEN P**
 STREET ADDRESS **6 SYLVAN WAY**
 CITY-ST-ZIP **PARSIPPANY NJ 07054**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D BUCKMAN, JAMES E**
 STREET ADDRESS **6 SYLVAN WAY**
 CITY-ST-ZIP **PARSIPPANY NJ 07054**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D PFEFFER, ERIC E**
 STREET ADDRESS **6 SYLVAN WAY**
 CITY-ST-ZIP **PARSIPPANY NJ 07054**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **P JOHN PAUL NICHOLS**
 STREET ADDRESS **6 SYLVAN WAY**
 CITY-ST-ZIP **PARSIPPANY NJ 07054**

TITLE ☐ Change ☒ Addition
 NAME **Keith Pierce, President**
 STREET ADDRESS **6 Sylvan Way**
 CITY-ST-ZIP **Parsippany, NJ 07054**

TITLE ☒ Delete
 NAME **EV JOHNSON, DAVID M**
 STREET ADDRESS **9 WEST 57TH STREET, 37TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Change ☒ Addition
 NAME **Joseph Huber, Vice President**
 STREET ADDRESS **6 Sylvan Way**
 CITY-ST-ZIP **Parsippany, NJ 07054**

TITLE ☐ Delete
 NAME **SEV BUCKMAN, JAMES E**
 STREET ADDRESS **6 SYLVAN WAY**
 CITY-ST-ZIP **PARSIPPANY NJ 07054**

TITLE ☐ Change ☐ Addition
 NAME
 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:

Joseph Huber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Huber, V.P. 4/27/01 (973) 496-7263

Date

Daytime Phone #

CR2E034 (10/00)