

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **841659** (6)

1. Corporation Name
LA QUINTA INNS, INC.



Principal Place of Business: P.O. BOX 2636, SAN ANTONIO TX 78299-2636
Mailing Address: P.O. BOX 2636, SAN ANTONIO TX 78299-2636

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified 10/18/1978	3a. Date of Last Report 03/01/1995
4. FEI Number 74-1724417	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 in parentheses) (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR THOMAS M.	1.2 NAME	
STREET ADDRESS	112 E PECAN ST	1.3 STREET ADDRESS	201 Main, Suite 3200
CITY-ST-ZIP	SAN ANTONIO TX	1.4 CITY-ST-ZIP	Forth Worth, Texas 76102
TITLE	VPC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIMERA, IRENE	2.2 NAME	
STREET ADDRESS	112 E PECAN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEAD, GARY L.	3.2 NAME	
STREET ADDRESS	112 E PECAN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	3.4 CITY-ST-ZIP	
TITLE	VPF	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPATIE, MICHAEL A	4.2 NAME	
STREET ADDRESS	112 E PECAN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	4.4 CITY-ST-ZIP	
TITLE	VPAA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMETT, WILLIAM C JR.	5.2 NAME	
STREET ADDRESS	112 E. PECAN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	5.4 CITY-ST-ZIP	
TITLE	SVPO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, THOMAS W	6.2 NAME	
STREET ADDRESS	112 E. PECAN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Deane C. Primer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

CR2E034 (12/95)