## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000002142

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

1 CAMPUS DRIVE

BOCK, ERIC J

**EVPS** 

PARSIPPANY, NJ 07054

NEW YORK, NY 10019

( ) Delete

9 WEST 57TH ST, 37TH FLOOR

Entity Name: WINGATE INNS INTERNATIONAL, INC.

FILED May 22, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
1 SYLVAN WAY PARSIPPANY, NJ 07054					
Current Mailing Address:			New Mailir	ng Address:	
1 CAMPUS DRIVE 3B, LEGAL PARSIPPANY, NJ 07054					
FEI Number:	22-3360267	FEI Number Applied For ( )	FEI Number Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Add				Address of New Registered Agent:	
CORPORATION SERVICE COMPANY					
1201 HAYS STREET 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  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () I BERGER, ANTHO 1 SYLVN WAY PARSIPPANY, N		Title: Name: Address: City-St-Zip:	DCOO (X) Change ( ) Addition BERGER, ANTHONY 1 SYLVN WAY PARSIPPANY, NJ 07054	
Title: Name: Address: City-St-Zip:	BUCKMAN, JAMI	ET, 37TH FLOOR	Title: Name: Address: City-St-Zip:	DC (X) Change ( ) Addition RUDNITSKY, STEVEN 1 SYLVAN WAY PARSIPPANY, NJ 07054	
Title: Name: Address: City-St-Zip:	EVPT () [ WYSHNER, DAV 1 CAMPUS DRIV PARSIPPANY, N	E	Title: Name: Address: City-St-Zip:	SVPT (X) Change ( ) Addition COHEN, ELIZABETH R 7 SYLVAN WAY PARSIPPANY, NJ 07054	
Title: Name: Address: City-St-Zip:	PCEO () I PIERCE, KEITH 1 SYLVAN WAY PARSIPPANY, N	Delete J 07054	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition PIERCE, KEITH 1 SYLVAN WAY PARSIPPANY, NJ 07054	
Title: Name:	VP ()[	Delete H	Title: Name:	VP (X) Change ( ) Addition GEPPEL, GREGORY	

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

7 SYLVAN WAY

FELDMAN, LYNN A

7 SYLVAN WAY

SVPS

PARSIPPANY, NJ 07054

PARSIPPANY, NJ 07054

(X) Change ( ) Addition

SIGNATURE: LYNN A FELDMAN SVPS 05/22/2007