2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# F00000002142

Entity Name: WINGATE INNS INTERNATIONAL, INC.

Current Principal Place of Business:

1 SYLVAN WAY
PARSIPPANY, NJ 07054

New Principal Place of Business:

Current Mailing Address:

1 CAMPUS DRIVE
3B, LEGAL
PARSIPPANY, NJ 07054

New Mailing Address:

1 SYLVAN WAY
PARSIPPANY, NJ 07054

FEI Number: 22-3360267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DCOO ( ) Delete
Name: BERGER, ANTHONY
Address: 1 SYLVN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: DC ( ) Delete
Name: RUDNITSKY, STEVEN
Address: 1 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: SVPT ( ) Delete
Name: COHEN, ELIZABETH R
Address: 7 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: P ( ) Delete
Name: PIERCE, KEITH
Address: 1 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: VP ( ) Delete
Name: GEPPEL, GREGORY
Address: 7 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: SVPS ( ) Delete
Name: FELDMAN, LYNN A
Address: 7 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DEVP (X) Change ( ) Addition
Name: WILSON, VIRGINIA M
Address: 7 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: GEPPEL, GREGORY T
Address: 7 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: GREGORY T GEPPEL VP 04/24/2008

Electronic Signature of Signing Officer or Director — Date