2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000004240

Entity Name: FAIRFIELD MYRTLE BEACH, INC.

FILED Apr 22, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
8427 SOUTH PARK CIRCLE ORLANDO, FL 32819							
Current Mailing Address:				New Mailing Address:			
1 CAMPUS DRIVE 3 B. LEGAL DEPARTMENT ORLANDO, FL 32819				1 CAMPUS DRIVE 3 B. LEGAL DEPARTMENT PARSIPPANY, NJ 07054			
FEI Number: 71-0643717		FEI Number Applied For ()	FEI Nun	umber Not Applicable ()		Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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: MAUREEN CULLEN							
	Electronic	Signature of Registered Agen	t			I	Date
Election Cam		(2)(b), F.S., the corporation did not in Trust Fund Contribution ().	receive tl	•		S TO OFF	ICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	HANNING, FRAN	TY CIRCLE, STE. 300		Title: Name: Address: City-St-Zip:	(()Change() Addition
Title: Name: Address: City-St-Zip:	VD ()EBUBER, JOSEPH 1 CAMPUS DRIV PARSIPPANY, N	/E		Title: Name: Address: City-St-Zip:	VD (HUBER, JOS 1 CAMPUS [PARSIPPAN)	DRIVE) Addition
Title: Name: Address: City-St-Zip:	SD ()E ERIC, ROCK 9 WEST 57 STR NEW YORK, NY			Title: Name: Address: City-St-Zip:	(()Change() Addition
Title: Name: Address: City-St-Zip:	T () E TURNER, RALPH 10750 W CAHRI LAS VEGAS, NY	ELSTON ST 130		Title: Name: Address: City-St-Zip:	T (WYSHNER, I 1 CAMPUS D PARSIPPAN)	RIVE) Addition
Title: Name: Address: City-St-Zip:	JAMES, BUCKAN	TY CIRCLE, STE. 300		Title: Name: Address: City-St-Zip:	D (JAMES, BUC 1 CAMPUS D PARSIPPAN)	RIVE) Addition
Title: Name: Address: City-St-Zip:	DAVID, WSHMER	TY CIRCLE, STE. 300		Title: Name: Address: City-St-Zip:	D (HOLMES, ST 1 CAMPUS D PARSIPPAN	RIVE) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VICE PRESIDENT VP 04/22/2005