2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# F07000002653

Entity Name: LAUDFL INNKEEPERS, INC.

Current Principal Place of Business:

1000 MARKET ST
BLDG 1 - STE 300
PORTSMOUTH, NH 03801

New Principal Place of Business:

1000 MARKET ST
BLDG 1 - STE 202
PORTSMOUTH, NH 03801

Current Mailing Address:

1000 MARKET ST
BLDG 1 - STE 300
PORTSMOUTH, NH 03801

New Mailing Address:

1000 MARKET ST
BLDG 1 - STE 202
PORTSMOUTH, NH 03801

FEI Number: 26-0184645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: C ( ) Delete
Name: AKRIDGE, DAVE
Address: 1000 MARKET ST - STE 1 - STE 300
City-St-Zip: PORTSMOUTH, NH 03801

Title: VC ( ) Delete
Name: GREENE, ROBERT J
Address: 1000 MARKET ST - STE 1 - STE 300
City-St-Zip: PORTSMOUTH, NH 03801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: AKRIDGE, DAVE
Address: 1000 MARKET ST - STE 1 - STE 202
City-St-Zip: PORTSMOUTH, NH 03801

Title: VC (X) Change ( ) Addition
Name: GREENE, ROBERT J
Address: 1000 MARKET ST - STE 1 - STE 202
City-St-Zip: PORTSMOUTH, NH 03801

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: DAVE AKRIDGE C 03/11/2009

Electronic Signature of Signing Officer or Director — Date