FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002473(7)

1. Corporation Name: THE INN CORPORATION

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/92
3a. Date of Last Report: 04/20/94

2. Principal Place of Business: 3900 West Alameda Ave., Suite 2400, Burbank, CA 91521-6760, U.S.

2a. Mailing Address: 3900 West Alameda Ave., Suite 2400, Burbank, CA 91521-6760, U.S.

4. FEI Number: 95-4399541 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Fox, Edwin R.
STREET ADDRESS	1950 Magnolia Palm Drive
CITY, ST, ZIP	Lake Buena Vista, FL 32830
TITLE	STD
NAME	Keding, Doris L.
STREET ADDRESS	1950 Magnolia Palm Drive
CITY, ST, ZIP	Lake Buena Vista, FL 32830
TITLE	D
NAME	Cunningham, Robert D.
STREET ADDRESS	3900 West Alameda Avenue
CITY, ST, ZIP	Burbank, CA 91521

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

500001402055
-05/10/95--01014--003
****200.00 ****200.00

☐ Change ☐ Addition

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)(i), 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: [signature] 4/24/95 (818) 567-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert D. Cunningham