

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000005836 (2)

1. Corporation Name

HOSPITALITY FRANCHISE SYSTEMS, INC.  
HFS INCORPORATED

Principal Place of Business

Mailing Address

339 JEFFERSON RD.  
PARSIPPANY NJ 07054

339 JEFFERSON RD.  
PARSIPPANY NJ 07054



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
12/23/1993	05/01/1995
4. FEI Number	Applied For
22-3059335	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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., STE.105  
TALLAHASSEE FL 32301

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEOD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, HENRY R		1.2 NAME	
STREET ADDRESS	4 E. 72ND ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUTZMAN, LEONARD		2.2 NAME	
STREET ADDRESS	4 E. 72ND ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021		2.4 CITY-ST-ZIP	
TITLE	PCEO	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNODGRASS, JOHN D		3.2 NAME	
STREET ADDRESS	339 JEFFERSON RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY NJ 07054		3.4 CITY-ST-ZIP	
TITLE	EVAS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKMAN, JAMES E		4.2 NAME	
STREET ADDRESS	339 JEFFERSON RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY NJ 07054		4.4 CITY-ST-ZIP	
TITLE	EVCT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, STEPHEN P		5.2 NAME	
STREET ADDRESS	339 JEFFERSON RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY NJ 07054		5.4 CITY-ST-ZIP	
TITLE	SVC	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JEANNE M		6.2 NAME	
STREET ADDRESS	339 JEFFERSON RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY NJ		6.4 CITY-ST-ZIP	

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)(k), Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT FORBES

Date

(201) 428-9700

Daytime Phone #

CR2E034 (12/95)