

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000005836 (2)

1. Corporation Name
HFS INCORPORATED

Principal Place of Business

339 JEFFERSON RD.
PARSIPPANY NJ 07054

Mailing Address

339 JEFFERSON RD.
PARSIPPANY NJ 07054

FILED

97 SEP -5 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 6 Sylvan Way		26 6 Sylvan Way		12/23/1993		05/21/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		22-3059335		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Parsippany, NJ		28 Parsippany, NJ		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24 07054		25 USA		29 07054		30 USA	

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

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, HENRY R	1.2 NAME	000002288080-1
STREET ADDRESS	4 E. 72ND ST.	1.3 STREET ADDRESS	-09/09/97-01033--006
CITY-ST-ZIP	NEW YORK NY 10021	1.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUTZMAN, LEONARD	2.2 NAME	Leonard Schutzman
STREET ADDRESS	4 E. 72ND ST.	2.3 STREET ADDRESS	William E. Simon Graduate School
CITY-ST-ZIP	NEW YORK NY 10021	2.4 CITY-ST-ZIP	Carol Feinman Hall, Room 2-217
TITLE	PCEO	3.1 TITLE	University of Rochester
NAME	SNODGRASS, JOHN D	3.2 NAME	Rochester, NY 14627
STREET ADDRESS	339 JEFFERSON RD.	3.3 STREET ADDRESS	President, Chief Operating Officer
CITY-ST-ZIP	PARSIPPANY NJ 07054	3.4 CITY-ST-ZIP	6 Sylvan Way
TITLE	EVAS	4.1 TITLE	Parsippany, NJ 07054
NAME	BUCKMAN, JAMES E	4.2 NAME	Sr. Executive Vice President
STREET ADDRESS	339 JEFFERSON RD.	4.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	PARSIPPANY NJ 07054	4.4 CITY-ST-ZIP	6 Sylvan Way
TITLE	EVCT	5.1 TITLE	Parsippany, NJ 07054
NAME	HOLMES, STEPHEN P	5.2 NAME	Vice Chairman, Director
STREET ADDRESS	339 JEFFERSON RD.	5.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	PARSIPPANY NJ 07054	5.4 CITY-ST-ZIP	6 Sylvan Way
TITLE	SVC	6.1 TITLE	Parsippany, NJ 07054
NAME	MURPHY, JEANNE M	6.2 NAME	Sr. Vice President
STREET ADDRESS	339 JEFFERSON RD	6.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	PARSIPPANY NJ	6.4 CITY-ST-ZIP	6 Sylvan Way

14. I do hereby certify that the information supplied with this filing 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:

Scott E. Forbes

Scott E. Forbes, Sr. Vice President, Finance

CR2E034 (4/97)