
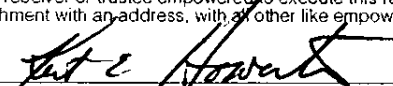


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90407 017 ***150.00

DOCUMENT # F94000000068 1. Entity Name RED ROOF INNS, INC.					
Principal Place of Business 4001 INTERNATIONAL PKWY CARROLLTON, TX 75007			Mailing Address 4001 INTERNATIONAL PKWY STE 500 CARROLLTON, TX 75007		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LE MENER, GEORGES		NAME		
STREET ADDRESS	4001 INTERNATIONAL PKWY		STREET ADDRESS		
CITY- ST- ZIP	CARROLLTON, TX 75007		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POIROT, OLIVIER		NAME		
STREET ADDRESS	4001 INTERNATIONAL PKWY		STREET ADDRESS		
CITY- ST- ZIP	CARROLLTON, TX 75007		CITY- ST- ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINOWITZ, ALAN J		NAME		
STREET ADDRESS	4001 INTERNATIONAL PKWY		STREET ADDRESS		
CITY- ST- ZIP	CARROLLTON, TX 75007		CITY- ST- ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANTHEY, STEPHEN		NAME		
STREET ADDRESS	4001 INTERNATIONAL PKWY		STREET ADDRESS		
CITY- ST- ZIP	CARROLLTON, TX 75007		CITY- ST- ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWERTON, KEWT		NAME	HOWERTON, KEWT	
STREET ADDRESS	4001 INTERNATIONAL PKWY		STREET ADDRESS		
CITY- ST- ZIP	CARROLLTON, TX 75007		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4-23-07 972-360-5557		
SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		