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

AND FILED

95 APR 18 PM 6:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002100 (5)**

1. Corporation Name
RFS HOTEL INVESTORS, INC.

Principal Place of Business	Mailing Address
1213 PARK PLACE CENTER SUITE 200 MEMPHIS TN 38119	1213 PARK PLACE CENTER SUITE 200 MEMPHIS TN 38119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 889 Ridge Lake Blvd	26 889 Ridge Lake Blvd
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite 100
City & State 23 Mphs TN	City & State 28 Mphs TN
Zip 24 38120 Country 25 USA	Zip 29 38120 Country 30 USA

4. FEI Number: 62-1534743 ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324	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	C	11 TITLE	D	☑ Change ☐ Addition
NAME	FORSDICK, H. LANCE SR	12 NAME		
STREET ADDRESS	1213 PARK PLACE CENTER, SUITE 200	13 STREET ADDRESS	889 Ridge Lake Blvd Suite 100	
CITY-ST-ZIP	MEMPHIS TN	14 CITY-ST-ZIP	Mphs 38120	
TITLE	PD	21 TITLE	CPD	☑ Change ☐ Addition
NAME	SOLMSON, ROBERT M	22 NAME		
STREET ADDRESS	1213 PARK PLACE CENTER, SUITE 200	23 STREET ADDRESS	889 Ridge Lake Blvd, Suite 100	
CITY-ST-ZIP	MEMPHIS TN	24 CITY-ST-ZIP	Mphs 38120	
TITLE	D	31 TITLE		☑ Change ☐ Addition
NAME	STARNES, MICHAEL	32 NAME		
STREET ADDRESS	1213 PARK PLACE CENTER, SUITE 200	33 STREET ADDRESS	889 Ridge Lake Blvd Suite 100	
CITY ST ZIP	MEMPHIS TN	34 CITY ST ZIP	Mphs 38120	
TITLE	V	41 TITLE		☑ Change ☐ Addition
NAME	LOVELACE, J. WILLIAM	42 NAME		
STREET ADDRESS	1213 PARK PLACE CENTER, SUITE 200	43 STREET ADDRESS	889 Ridge Lake Blvd Suite 100	
CITY ST ZIP	MEMPHIS TN	44 CITY ST ZIP	Mphs 38120	
TITLE	ST	51 TITLE		☑ Change ☐ Addition
NAME	PASCAL, MICHAEL J	52 NAME		
STREET ADDRESS	1213 PARK PLACE CENTER, SUITE 200	53 STREET ADDRESS	889 Ridge Lake Blvd Suite 100	
CITY ST ZIP	MEMPHIS TN	54 CITY ST ZIP	Mphs 38120	
TITLE		61 TITLE	D	☐ Change ☑ Addition
NAME		62 NAME	Campbell, Bruce E.	
STREET ADDRESS		63 STREET ADDRESS	889 Ridge Lake Blvd, Suite 100	
CITY ST ZIP		64 CITY-ST-ZIP	Mphs TN 38120	

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 addition.

SIGNATURE: Michael S Pascal 4/14/95 901/767-3154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478076 FP