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 30 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003511 (2)**

1. Corporation Name

FELCOR SUITE HOTELS, INC.

100001504331
-06/02/95--01024--004
****233.75 ****233.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
SUITE 330 5215 NORTH O'CONNOR BLVD. IRVING TX 75039	SUITE 330 5215 NORTH O'CONNOR BLVD. IRVING TX 75039

3. Date Incorporated or Qualified: 07/05/1994

3a. Date of Last Report:

2. Principal Place of Business — 21: Suite Apt # etc; 22: City & State; 23: Zip; 24: Country

2a. Mailing Address — 26: Suite Apt # etc; 27: City & State; 28: Zip; 29: Country; 30:

4. FEI Number: 75-2541756 — ☐ 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 § 199.032 Florida Statutes:* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT 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 Section 607.1905 and 607.1908 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: (If changing registered agent, registered agent must sign here.) (If changing registered agent's address only, registered agent need not sign here.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CORCORAN, THOMAS J	12 NAME	
STREET ADDRESS	5215 NORTH O'CONNOR BLVD, SUITE 330	13 STREET ADDRESS	
CITY ST ZIP	IRVING TX 75039	14 CITY ST ZIP	
TITLE	C	21 TITLE	☐ Change ☐ Addition
NAME	FELDMAN, HERVEY A	22 NAME	
STREET ADDRESS	5215 NORTH O'CONNOR BLVD, SUITE 330	23 STREET ADDRESS	
CITY ST ZIP	IRVING TX 75039	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	WIESE, THOMAS L	32 NAME	
STREET ADDRESS	5215 NORTH O'CONNOR BLVD, SUITE 330	33 STREET ADDRESS	
CITY ST ZIP	IRVING TX 75039	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

05'95
5/30/95

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: Thomas J. Corcoran Jr. 5/25/95 214-869-8180

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — TELEPHONE NUMBER

0475122 FP

F[illegible]OW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~S94000004276~~ F94000004276

1. Corporation Name
ARKENOL FLORIDA OPERATIONS, INC.

Principal Place of Business	Mailing Address
1027 South Rainbow Drive, Suite 360 Las Vegas, Nevada 89128	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08-17-94
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 Same	26 Same
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	26 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-3253474 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contributor ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T Corporation System 1200 South Pine Island Road 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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/CEO/D	11 TITLE	☐ Change ☐ Addition
NAME	Arnold R. Klann	12 NAME	
STREET ADDRESS	1027 S.Rainbow Dr., No. 360	13 STREET ADDRESS	
CITY ST ZIP	Las Vegas, NV 89128	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	Davis G. Reese	22 NAME	
STREET ADDRESS	1027 S.Rainbow Dr., No. 360	23 STREET ADDRESS	
CITY ST ZIP	Las Vegas, NV 89128	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	Jack D. Strube	32 NAME	
STREET ADDRESS	1027 S.Rainbow Dr., No. 360	33 STREET ADDRESS	
CITY ST ZIP	Las Vegas, NV 89128	34 CITY ST ZIP	
TITLE	V/D	41 TITLE	☐ Change ☐ Addition
NAME	Leslie C. Confair	42 NAME	
STREET ADDRESS	1027 S. Rainbow Dr., No. 360	43 STREET ADDRESS	
CITY ST ZIP	Las Vegas, NV 89128	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	J. Russell Miller	52 NAME	
STREET ADDRESS	1027 S. Rainbow Dr., No. 360	53 STREET ADDRESS	
CITY ST ZIP	Las Vegas, NV 89128	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

100001501491
-05/30/95--01020-011
****200.00 ****200.00

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: Jack D. Strube 04-27-95 1-800-772-5146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code) Telephone Number