

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90165 046 ***150.00

DOCUMENT # F94000004423

1. Entity Name
INNKEEPERS HOSPITALITY, INC.

Principal Place of Business	Mailing Address
340 ROYAL POINCIANA WAY	340 ROYAL POINCIANA WAY
SUITE 302	SUITE 302
PALM BEACH FL 33480	PALM BEACH FL 33480
US	US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0501405		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FISHER, JEFFREY 302 ROYAL POINCIANA WAY PALM BEACH FL 33480				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHER, JEFFREY H			NAME			
STREET ADDRESS	302 ROYAL POINCIANA WAY			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LANGLEY, JOHN			NAME	WEBB, RANDALL		
STREET ADDRESS	302 ROYAL POINCIANA WAY			STREET ADDRESS	302 ROYAL POINCIANA WAY		
CITY-ST-ZIP	PALM BEACH FL			CITY-ST-ZIP	PALM BEACH, FL 33480		
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POLLAK, ROGER			NAME			
STREET ADDRESS	302 ROYAL POINCIANA WAY			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, PHILLIP			NAME			
STREET ADDRESS	362 ROYAL POINCIANA WAY			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL 33480			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			
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			

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like employed.

SIGNATURE: *Signature of Phillip Cohen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3102 (501) 655-9001

Date Daytime Phone #

CR2E034 (9/01)