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 APR 20 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005195 (2)**

1. Corporation Name

MICROTEL FRANCHISE AND DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
1 AIRPORT WAY, #200 ROCHESTER NY 14624	1 AIRPORT WAY, #200 ROCHESTER NY 14624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/06/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **NOT APPLICABLE** ☐ 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

FLORIDA FILING & SEARCH SERVICES, INC.
842 E. PARK AVE.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

91 Name

92 Street Address (P.O. Box Number is Not Acceptable)

93

94 City **FL** 95 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	DC	11 TITLE	A S	☐ Change ☒ Addition
NAME	WILSON, E A	12 NAME	KOLLED, TARAS, M	
STREET ADDRESS	929 MIDTOWN TOWER	13 STREET ADDRESS	1 AIRPORT WAY, SUITE 200	
CITY-ST-ZIP	ROCHESTER NY 14604	14 CITY-ST-ZIP	ROCHESTER, NY 14624	
TITLE	PD	21 TITLE	D	☐ Change ☒ Addition
NAME	JUSTUS, GEORGE R	22 NAME	PEEK, RALPH	
STREET ADDRESS	1 AIRPORT WAY, SUITE 200	23 STREET ADDRESS	929 MIDTOWN TOWER	
CITY-ST-ZIP	ROCHESTER NY 14624	24 CITY-ST-ZIP	ROCHESTER, NY 14604	
TITLE	VD	31 TITLE	D	☐ Change ☒ Addition
NAME	SAHS, BRUCE A	32 NAME	CAHILL, MICHAEL	
STREET ADDRESS	1 AIRPORT WAY, SUITE 200	33 STREET ADDRESS	1 AIRPORT WAY, SUITE 200	
CITY-ST-ZIP	ROCHESTER NY 14624	34 CITY-ST-ZIP	ROCHESTER, NY 14624	
TITLE	V	41 TITLE	D	☐ Change ☒ Addition
NAME	RICHENBERG, DAWN M	42 NAME	FAGERSON, ROBERT	
STREET ADDRESS	1 AIRPORT WAY, SUITE 200	43 STREET ADDRESS	ONE AIRPORT WAY, SUITE 200	
CITY-ST-ZIP	ROCHESTER NY 14624	44 CITY-ST-ZIP	ROCHESTER, NY 14624	
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	BURNS, CHRISTOPHER B	52 NAME		
STREET ADDRESS	1 AIRPORT WAY, SUITE 200	53 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY 14624	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	ADAMS, E M	62 NAME		
STREET ADDRESS	1 AIRPORT WAY, SUITE 200	63 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY 14624	64 CITY-ST-ZIP		

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: _____ 4/17/95 716-436-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TARAS M. KOLLED, ASST SEC.

047A02 FF