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 # **F94000006457 (5)**

1. Corporation Name

RFS INNS, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1994
3a. Date of Last Report:

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

4. FEI Number: 62-1071048 ☐ 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
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	
TITLE	PD	11 TITLE	D only ☑ Change ☐ Addition
NAME	SOLMSON, ROBERT M	12 NAME	
STREET ADDRESS	1213 PARK PLACE CENTER, SUITE 200	13 STREET ADDRESS	889 Ridge Lake Blvd, Suite 100
CITY-ST-ZIP	MEMPHIS TN 38119	14 CITY-ST-ZIP	Mphs TN 38120
TITLE	C	21 TITLE	☑ Change ☐ Addition
NAME	FORSDICK, H.L	22 NAME	
STREET ADDRESS	1213 PARK PLACE CENTER, SUITE 200	23 STREET ADDRESS	889 Ridge Lake Blvd, Suite 100
CITY-ST-ZIP	MEMPHIS TN 38119	24 CITY-ST-ZIP	Mphs TN 38120
TITLE	ST	31 TITLE	☒ Change ☐ Addition
NAME	PASCAL, MICHAEL J	32 NAME	delete
STREET ADDRESS	1213 PARK PLACE CENTER, SUITE 200	33 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38119	34 CITY-ST-ZIP	
TITLE		41 TITLE	V ☐ Change ☑ Addition
NAME		42 NAME	Elizabeth B. McLaren
STREET ADDRESS		43 STREET ADDRESS	67 E Goodwyn
CITY-ST-ZIP		44 CITY-ST-ZIP	Mphs TN 38111
TITLE		51 TITLE	ST ☐ Change ☑ Addition
NAME		52 NAME	Lawrence Russell Jr.
STREET ADDRESS		53 STREET ADDRESS	8856 Aspen View Cove
CITY-ST-ZIP		54 CITY-ST-ZIP	Ft. Cordova TN 38108
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: Elizabeth B. McLaren Elizabeth B. McLaren 4/10/95 9017675057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000400 FN