

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 30 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F95000006065 (5)

1. Corporation Name

EXTENDED STAY AMERICA, INC.



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|--|--|
| Principal Place of Business 450 E LAS OLAS BLVD SUITE 1100 FORT LAUDERDALE FL 33301 US | Mailing Address 450 E LAS OLAS BLVD SUITE 1100 FORT LAUDERDALE FL 33301 US |
|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/13/1995

| | |
|---|--|
| 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 |
|---|--|

4. FEI Number
36-3996573

Applied For
Not Applicable

6. 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ 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

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 | CCOB <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUIZENGA, H W | 1.2 NAME | |
| STREET ADDRESS | 200 S. ANDREWS AVENUE | 1.3 STREET ADDRESS | 450 E. LAS OLAS BLVD, STE 1100 |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33301 | 1.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33301 |
| TITLE | PCEO <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, GEORGE D JR | 2.2 NAME | |
| STREET ADDRESS | 200 S. ANDREWS AVENUE | 2.3 STREET ADDRESS | 450 E. Las Olas Blvd. Ste 1100 |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33301 | 2.4 CITY-ST-ZIP | FT. Lauderdale, FL 33301 |
| TITLE | CFOT <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRANNON, ROBERT A | 3.2 NAME | |
| STREET ADDRESS | 200 S. ANDREWS AVENUE | 3.3 STREET ADDRESS | 450 E. Las Olas Blvd. Ste 1100 |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33301 | 3.4 CITY-ST-ZIP | FT. Lauderdale, FL 33301 |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OAKES, CORY W | 4.2 NAME | |
| STREET ADDRESS | 961 EAST MAIN STREET | 4.3 STREET ADDRESS | 450 E. Las Olas Blvd Ste 1100 |
| CITY-ST-ZIP | SPARTANBURG SC 29302 | 4.4 CITY-ST-ZIP | FT. Lauderdale, FL 33301 |
| TITLE | V <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BECK, MICHAEL R | 5.2 NAME | |
| STREET ADDRESS | 961 EAST MAIN STREET | 5.3 STREET ADDRESS | 450 E. Las Olas Blvd. Ste 1100 |
| CITY-ST-ZIP | SPARTANBURG SC 29302 | 5.4 CITY-ST-ZIP | FT. Lauderdale, FL 33301 |
| TITLE | ASAT <input type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOXLEY, GREGORY R | 6.2 NAME | |
| STREET ADDRESS | 961 EAST MAIN STREET | 6.3 STREET ADDRESS | 450 E. Las Olas Blvd, Ste 1100 |
| CITY-ST-ZIP | SPARTANBURG SC | 6.4 CITY-ST-ZIP | FT. Lauderdale, FL 33301 |

14. 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 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: Robert A Brannon TREASURER 11/27/98

CR2E034 (10/97)