

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000000140 (1)**

1. Corporation Name
SUPER 8 MOTELS, INC.

Principal Place of Business

**339 JEFFERSON RD.
PARSIPPANY NJ 07054**

Mailing Address

**339 JEFFERSON RD.
PARSIPPANY NJ 07054**

FILED
97 SEP -5 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 6 Sylvan Way		26 6 Sylvan Way		01/08/1996		08/13/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		46-0320564		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Parsippany, NJ		28 Parsippany, NJ		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24 07054		25 USA		29 07054		30 USA	

9. Name and Address of Current Registered Agent

**C T 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	800002288078-7
84	-09/09/97-01033-005
	****550.00
	****950.00

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

OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WELLER, ROBERT	
STREET ADDRESS	339 JEFFERSON RD.	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MURPHY, JEANNE M	
STREET ADDRESS	339 JEFFERSON RD.	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	EVPT	<input type="checkbox"/> DELETE
NAME	HOLMES, STEPHEN P	
STREET ADDRESS	339 JEFFERSON RD.	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	SVPF	<input type="checkbox"/> DELETE
NAME	FORBES, SCOTT E	
STREET ADDRESS	339 JEFFERSON RD.	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	EVPC	<input type="checkbox"/> DELETE
NAME	BUCKMAN, JAMES E	
STREET ADDRESS	339 JEFFERSON RD.	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEWETT, HARVEY	
STREET ADDRESS	1910 EIGHTH AVE NE	
CITY-ST-ZIP	ABERDEEN SD 57401	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6 Sylvan Way
1.4 CITY-ST-ZIP	Parsippany, NJ 07054
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6 Sylvan Way
2.4 CITY-ST-ZIP	Parsippany, NJ 07054
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Stephen P. Holmes
3.3 STREET ADDRESS	6 Sylvan Way
3.4 CITY-ST-ZIP	Parsippany, NJ 07054
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	6 Sylvan Way
4.4 CITY-ST-ZIP	Parsippany, NJ 07054
5.1 TITLE	Sr. Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	James E. Buckman
5.3 STREET ADDRESS	6 Sylvan Way
5.4 CITY-ST-ZIP	Parsippany, NJ 07054
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE:

Scott E. Forbes, Sr. Vice President

CR2E034 (4/97)