F96000000140



ACCOUNT NO. : 072100000032

REFERENCE

7155110

AUTHORIZATION

COST LIMIT :

ORDER DATE: June 27, 2002

ORDER TIME : 10:51 AM

ORDER NO. : 642291-545

CUSTOMER NO:

7155110

CUSTOMER: Patricia Meudt, Legal Asst

Cendant Corporation

1 Campus Drive

Parsippany, NJ 07054

CHANGE OF AGENT

000006138510--0

NAME: SUPER 8 MOTELS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

C. Coulliste JUL 0 1 2002

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corporation organized under the laws of the State of South Dakota
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation:
SUPER 8 MOTELS, INC.
2. The mailing address of the corporation:
1 Campus Drive, 3rd Floor Legal, Parsippany, NJ 07054
3. Date of incorporation/qualification: 01/08/1996 Document number: F96000000140
4. The name and address of the current registered agent and office:
C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
Malle Cull "06/24/2002
(Signature of an officer, chairman or vice chairman of the board) (Date)
Maureen Cullen, Attorney-in-Fact
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Lou Giaccardo Asst. Vice President
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
CR2E045(9/00)

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS