

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90023 004 ***150.00

DOCUMENT # F96000005039

1. Entity Name

MOTEL 6 MULTIPURPOSE, INC.

Principal Place of Business

**14651 DALLAS PKWY, SUITE 500
DALLAS TX 95240**

Mailing Address

**14651 DALLAS PKWY, SUITE 500
DALLAS TX 95240**

2. Principal Place of Business

14651 Dallas Pkwy, Suite 500
Suite, Apt. #, etc.

3. Mailing Address

14651 Dallas Pkwy
Suite, Apt. #, etc.

City & State

Dallas, TX

City & State

Dallas, TX

4. FEI Number

75-2505957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD LE-MENER, GEORGES 14651 DALLAS PKWY, SUITE 500 DALLAS TX 75240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEBBAN, ARMAND 14651 DALLAS PKWY, SUITE 500 DALLAS TX 75240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOSSEN, EMMETT J JR 14651 DALLAS PKWY, SUITE 500 DALLAS TX 75240 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MANTHEY, STEPHEN 14651 DALLAS PKWY, SUITE 500 DALLAS TX 75240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROBINOWITZ, ALAN J. 14651 DALLAS PKWY, SUITE 500 DALLAS TX 75240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TASSIN, WILLIAM 14651 DALLAS PKWY SUITE 500 DALLAS TX 75240 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>14651 Dallas Pkwy, Suite 500 Dallas, TX 75254</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>14651 Dallas Pkwy, Suite 500 Dallas, TX 75254</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE PRESIDENT HOWERTON, KENT 14651 DALLAS PKWY, SUITE 500 DALLAS, TX 75254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>14651 Dallas Pkwy, Suite 500 Dallas, TX 75254</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>14651 Dallas Pkwy, Suite 500 Dallas, TX 75254</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>14651 Dallas Pkwy, Suite 500 Dallas, TX 75254</i>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ken Howerton **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-02 (972) 702-6903

Date

Daytime Phone #

0612133 AT

CR2E034 (9/01)