

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005520

FILED
Apr 27, 2010
Secretary of State

Entity Name: HAWTHORN SUITES FRANCHISING, INC.

Current Principal Place of Business:

22 SYLVAN WAY
PARSIPPANY, NJ 07054

New Principal Place of Business:

Current Mailing Address:

22 SYLVAN WAY
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: 58-2226038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: FLORA, ROY E
Address: 13 CORPORATE SQUARE
City-St-Zip: ATLANTA, GA 30329

Title: TEVP
Name: EDWARDS, THOMAS J JR.
Address: 22 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: SEVP
Name: FELDMAN, LYNN A
Address: 22 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: VP
Name: GEPPEL, GREGORY T
Address: 22 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: DCFO
Name: LOEWEN, ROBERT
Address: 22 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: DEVP
Name: CONFORTI, THOMAS G
Address: 22 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY T GEPPEL

VP

04/27/2010

Electronic Signature of Signing Officer or Director

Date