2000 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2000 8:00 am Secretary of State DOCUMENT # F9700000054 1. Entity Name INNKEEPERS HOSPITALITY II, INC. 01-25-2000 90060 021 ***150.00 Principal Place of Business Mailing Address 340 ROYAL POINCIANA WAY 340 ROYAL POINCIANA WAY SUITE 302 SUITE 302 0878000 PALM BEACH FL 33480-4043 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0606207 Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FISHER, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 302 ROYAL POINCIANA WAY PALM 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 -(NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT Change Change Addition ☐ Delete TITLE TITLE SHAW, PREDERIC NAME SHAW. FREDERIC 30z royal poinuana way STREET ADDRESS 302 ROYAL POINCIANA WAY STREET ADDRESS CITY-ST-ZIP PARM BEACH, FL 33480 CITY-ST-ZIP PALM BEACH FL 33480 VICE PRESIDENT Change ☐ Delete ☐ Addition TITLE LANGLEY, JOHN LANGLEY, JOHN NAME STREET ADDRESS 302 ROYAL TOINUANAWAY STREET ADDRESS 302 ROYAL POINCIANA WAY CITY-ST-ZIP CITY-ST-ZIP PAUM BEACH, FL 33480 PALM BEACH FL 33480 SECRETATRY /TREASURER X Change Addition ☐ Delete TITLE TITLE POLLAK, ROGER NAME POLAKT ROGER NAME 302 Payer POINCIANA WAY STREET ADDRESS 302 ROYAL POINCIANA WAY STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-7/P PALM BEACH FL 33480 ☐ Change Addition □ Delete TITLE TITLE FISHER, JEFFREY NAME NAME STREET ADDRESS STREET ADDRESS 306 ROYAL POINCIANA WAY CITY-ST-7IP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-15-00

(561)655-9∞1

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FILED

Daytime Phone #