FILE NOW: FILING FEE AFTER MAY 1ST IS \$550:00

PROFIT CORPORATION ANNUAL REPORT.

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

F97000000131

FILED Apr 29 1998 8:00am Secretary of State

Homegate Hospitality Inc.										
Principal Place of Business Mailing Address						_				
						DO NOT WOL	C INLTUIC	ODACE		
						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified				
						Qualified 1/8				
2. Principal Place of Business 2s. Mailing Address						4. FEI Number Applied Fi			onlied For	4
21 700 Rt. 46 E. 26 700 Rt. 46			6 E.			76-0511313		Not Applicable		,
Suite, Apt.		Suite, Apt #, etc.	<u> </u>						Additional	1
22		27				5. Certificate of Status Desired		Fee Re	equired	
City & Stat		City & State				6. Election Campaign Financing	_		May Be]
				J Intry		Trust Fund Contribution			to Fees	4
Zip 0700	4 Country	Zip 07004	30	иопу		8. This corporation owes or has p Personal Property Tax due Jun			tangible □ No	
24	9. Name and Address of Current	129	30	T		10. Name and Address of New R			<u></u>	\dashv
4. Hollie Blid Address of Odifort Hegistated Agent					Name			┪		
Corporation Service Company					O A					
1201 Hays Street				82 Street Address (P.O. Box Number is Not Acceptable)						
Tallahassee, FL 32301				83						1
	•			84	City	· · · · · · · · · · · · · · · · · · ·		85 Zip	Code	4
							FL	.		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	s, the al	t vel b	named corpo	oration submits this statement for the	purpose o	changing it	s registered	7	
agent. I a	m familiar with, and accept the obligate	ons of, Section 607.0505, Flo	rida Stat	utes	ne corporatio	or s board or directors. Thereby acce	bt the app	Jilvillici il as	registered	
SIGNATURE			·							
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registere	d Ag enl	signature required	ADDITIONS/CHANGES TO OFF	DATE CERS AND	DIRECTOR	OC INT 12	ને દ્વ
TITLE		DELETE	1.1 1	TLE		ADDITIONS/OF ANGES TO OF A	OLI IO ANE	Change	☐ Addition	CR2E034 (10/97)
NAME	President Delete David A. Simon 700 Rt. 46 E.,			1.2 NAME						4
STREET ADDRESS			1.3 STREET ADDRESS							8
CITY-ST-ZIP	Fairfield, NJ 07004	4	1.4 01	TY-ST-	2IP					2
TITLE	V.P. & Sec.	☐ DELETE	217	TLE				Change	Addition	70
NAME	Joseph Berandino		2 2 N/	ME						
STREET ADDRESS	700 Rt. 46 E.			REET AL	DDRESS					ł
CITY-ST-ZIP	Fairfield, NJ 0700		_	TY-ST-	ZIP	 -	· · ·			_
TITLE	V.P. & Treas.	☐ DELETE	3 1 10					☐ Change	Addition	
NAME	Douglas Vicari 700 Rt. 46 E.		3 2 NA							
STREET ADDRESS	Fairfield, NJ 070	004	1	REET AD	1					1
CITY-ST-ZIP TITLE	V D	DELETE	34 C	ITY-ST-	ZIP	···		Change	Addition	-
NAME	Robert Maguire	Decemp	4.1 (1. 4.2 N					- Orionigo	numuuli	
STREET ADDRESS	700 Kt. 46 E.	.		REET AC	nnress					}
CITY-ST-ZIP	Fairfield, NJ 070	JU4		TY-ST	i					1
TITLE		DELETE	5.1 T/1					Change	☐ Addition	1
NAME			5.2 NA					4	<u>S</u>	
STAGET ADDRESS			53\$1	REET AD	DDRES\$			11	50	
CITY - ST - ZIP			5.4 Cl	1Y-\$1-	ZIP .	2000025	051	124	0	
TITLE		☐ DELET€	6.1 TIT	LE		2000025 -04/29/9801	0511	Change	Addition	1
NAME				ME	Ì	***150.00	,]
STAEET ADDRESS				REE1 AD						ļ
CITY - ST - ZIP			6401	IY ST	ZIP					1

14. Thereby 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 suppliemental 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 of 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 or parallachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Bernadino, V.P. 4/20/98 973-882-1010

Daytime Phone #