

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001291

FILED
Apr 21, 2006
Secretary of State

Entity Name: TRAVELODGE HOTELS, INC.

Current Principal Place of Business:

1 SYLVAN WAY
PARSIPPANY, NJ 07054 US

New Principal Place of Business:

Current Mailing Address:

1 CAMPUS DRIVE
3B - LEGAL
PARSIPPANY, NJ 07054 US

New Mailing Address:

1 CAMPUS DRIVE
PARSIPPANY, NJ 07054 US

FEI Number: 22-3420099

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 32301 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: D () Delete
Name: BUCKBERG, JOEL R
Address: 1 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: VPTX () Delete
Name: HUBER, JOSEPH
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: EVPS () Delete
Name: BOCK, ERIC
Address: 9 WEST 57TH STREET, 37TH STREET
City-St-Zip: NEW YORK, NY 10901

Title: D () Delete
Name: BERGER, ANTHONY
Address: 1 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: EVPT () Delete
Name: WYSHNER, DAVID B
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: PCEO () Delete
Name: GREENE, KEN
Address: 1 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HUBER, JOSEPH J
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: EVPS (X) Change () Addition
Name: BOCK, ERIC
Address: 9 WEST 57TH STREET, 37TH STREET
City-St-Zip: NEW YORK, NY 10019

Title: D (X) Change () Addition
Name: RUDNITSKY, STEVEN A
Address: 1 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH J. HUBER

VP

04/21/2006

Electronic Signature of Signing Officer or Director

_____ Date