

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002444

Entity Name: IHG FRANCHISING, LLC

FILED  
Apr 22, 2008  
Secretary of State

**Current Principal Place of Business:**

THREE RAVINIA DRIVE, STE. 100  
ATLANTA, GA 30346

**New Principal Place of Business:**

**Current Mailing Address:**

THREE RAVINIA DRIVE, STE. 100  
ATLANTA, GA 30346

**New Mailing Address:**

THREE RAVINIA DRIVE, STE. 100  
C/O LAW DEPT  
ATLANTA, GA 30346

FEI Number: 75-3158489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PORTER, STEVAN D  
Address: THREE RAVINIA DRIVE, STE. 100  
City-St-Zip: ATLANTA, GA 30346

Title: MGR ( ) Delete  
Name: KINSELL, KIRK  
Address: THREE RAVINIA DRIVE, STE. 100  
City-St-Zip: ATLANTA, GA 30346

Title: MGR ( ) Delete  
Name: KOWALESKI, RICHARD R  
Address: THREE RAVINIA DRIVE, STE. 100  
City-St-Zip: ATLANTA, GA 30346

Title: MGR ( ) Delete  
Name: MURRAY, THOMAS P  
Address: THREE RAVINIA DRIVE, STE. 100  
City-St-Zip: ATLANTA, GA 30346

Title: POA ( ) Delete  
Name: MEYER-ROBERTS, BARBARA  
Address: 747 THIRD AVENUE - 26TH FL  
City-St-Zip: NEW YORK, NY 10017

Title: MGR ( ) Delete  
Name: STILLMAN, KATE S  
Address: THREE RAVINIA DRIVE, STE. 100  
City-St-Zip: ATLANTA, GA 30346

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: JACKMAN, ROBERT  
Address: THREE RAVINIA DRIVE, STE. 100  
City-St-Zip: ATLANTA, GA 30346

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

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

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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BARBARA MEYER-ROBERTS

POA

04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date