2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # P0000068265 INNKEEPERS HOSPITALITY MANAGEMENT, INC. 02-06-2001 90320 032 ***150.00 Principal Place of Business Mailing Address 302 ROYAL POINCIANA WAY 302 ROYAL POINCIANA WAY PALM BEACH FL 33480 PALM BEACH FL 33480 712419 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. FISHER, JEFFREY H Street Address (P.O. Box Number is Not Acceptable) 302 ROYAL POINCIANA WAY PALM BEACH FL 33480 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change Jeffrey Fisher 302 Royal Poinciana Way NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE John Lanalev NAME NAME 302 Royal Poinciana Way STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pain Beach, FL 33480 Delete TITLE 3/T ☐ Change Roger Pollat NAME NAME Royal Poinciana Irlay STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Beach, FL 33480 **Addition** ☐ Delete TITLE Philip Cohea NAME NAME 302 Royal Poinciana Way STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Beach, FC TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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:

INTED NAME OF SIGNING OFFICER OR DIREC