2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND THE

FILED **DOCUMENT # P11754** Jun 05, 2000 8:00 am 1. Entity Name **Secretary of State** LA QUINTA REALTY CORP. 06-05-2000 90036 015 ***550.00 Principal Place of Business Mailing Address 197 FIRST AVENUE 112 E PECAN ST SAN ANTONIO TX 78205-1512 SUITE 300 NEEDHAM MA 02194-9127 us 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 74-2429152 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 DATE 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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DRESIDENT AND CEO Addition ☐ Change DPT 💢 Delete TITLE FRANCIS W. CASH BENSON, DAVID F NAME NAME STREET ADDRESS 197 FIRST AVENUE, SUITE 300 STREET ADDRESS 24 MIDDLETON ROAD CITY-ST-ZIP CITY-ST-7/P NEEDHAM, MA 02494 **BOXFORD MA 01921** 600 **Change** ☐ Addition ☐ Delete TITLE TITLE MICHAEL F. BUSHEE NAME BUSHE, MICHAEL F NAME STREET ADDRESS STREET ADDRESS 197 FIRST AVENUE, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP NEEDHAM MA 02194-9127 TREASURER --☐ Delete TITLE Change -Addition: TITLE NAME NAME GERBER, LAURIE T STREET ADDRESS 197 FIRST AVENUE, SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEEDHAM MA 02194-9127 ☐ Delete TITLE ☐ Change Addition TITLE ٧S BENJAMIN, MICHAEL S NAME NAME STREET ADDRESS STREET ADDRESS 197 FIRST AVENUE, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP NEEDHAM MA 02194-9127 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

781-433-6000

Daytime Phone #