

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
 04-02-2001 90104 017 ***150.00

DOCUMENT # P11754

1. Entity Name

LA QUINTA REALTY CORP.

Principal Place of Business

197 FIRST AVENUE
 SUITE 300
 NEEDHAM MA 02194-9127
 US

Mailing Address

112 E PECAN ST
 SAN ANTONIO TX 78205
 US

2. Principal Place of Business

909 HIDDEN RIDGE

3. Mailing Address

P.O. BOX 2636

Suite, Apt. #, etc.

SUITE 600

Suite, Apt. #, etc.

City & State

IRVING, TX

City & State

SAN ANTONIO, TX

Zip

75038

Country

U.S.

Zip

78266-2636

Country

4. FEI Number

74-2429152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BUSHEE, MICHAEL 197 FIRST AVENUE, SUITE 300 NEEDHAM MA 02194-9127	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT GERBER, LAURIE T 197 FIRST AVENUE, SUITE 300 NEEDHAM MA 02194-9127	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BENJAMIN, MICHAEL S 197 FIRST AVENUE, SUITE 300 NEEDHAM MA 02194-9127	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D CASH, FRANCIS W. 909 HIDDEN RIDGE, SUITE 600 IRVING, TX 75038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/CFOT REA, DAVID L. 909 HIDDEN RIDGE, SUITE 600 IRVING, TX 75038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S SCHMUTZ, JOHN F. 909 HIDDEN RIDGE, SUITE 600 IRVING, TX 75038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN F. SCHMUTZ
SR VP + SECRETARY 3/27/01 (214) 492-6600

CR2E034 (10/00)