

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90027 044 ***150.00

DOCUMENT # P19636

1. Entity Name

HAMPTON INNS, INC.

Principal Place of Business

755 CROSSOVER LANE
MEMPHIS TN 38117
US

Mailing Address

755 CROSSOVER LANE
MEMPHIS TN 38117
US

2. Principal Place of Business

9336 CIVIC CENTER DR

Suite, Apt. #, etc.

3. Mailing Address

9336 CIVIC CENTER DR

Suite, Apt. #, etc.

City & State

BEVERLY HILLS CA

City & State

BEVERLY HILLS CA

Zip

90210

Country

USA

Zip

90210

Country

USA

4. FEI Number

62-1194362

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, RAYMOND E.	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KELLEHER, RICHARD M.	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CHAMPION, CAROL G.	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	HALPERN, M RONALD	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	V	<input type="checkbox"/> Delete
NAME	KELTNER, THOMAS	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	LAKE, RALPH	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN F. BOLLEN BACH	
STREET ADDRESS	9336 CIVIC CENTER DR	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEW J. HAET	
STREET ADDRESS	9336 CIVIC CENTER DR	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE	VP - TAX	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. STEVEN STANDEFER	
STREET ADDRESS	9336 CIVIC CENTER DR	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE	VP, SECRETARY & COUNSEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK A. ROBERTSON	
STREET ADDRESS	9336 CIVIC CENTER DR	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS KELTNER	
STREET ADDRESS	9336 CIVIC CENTER DR	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADELEINE A. KLEINER	
STREET ADDRESS	9336 CIVIC CENTER DR	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	

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:

Madeleine A. Kleiner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MADELEINE A. KLEINER 4-26-01 310-278-4321

Date

Daytime Phone #

CR2E034 (10/00)