## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P19636

1. Entity Name HAMPTON INNS, INC.



Apr 28, 2003 8:00 am \$ Secretary of State **FILED** 

						O VE THE									
Principal Place of Business 9336 CIVIC CENTER DR BEVERLY HILLS CA 90210 US			Mailing Address 9336 CIVIC CENTER DR BEVERLY HILLS CA 90210 US						1 (40)(40) (41)	11 <b>010</b> 1 <b>6</b> 11 <b>0</b> 0111	, , , , , , , , , , , , , , , , , , ,		oj arajo kokoj o	ifali Blait IIII	
00			00												
2. Principal F	Place of Busin	ness	3. Mailin	g Address		<del></del>					<b>i i</b> iii <b>i i</b> iii	11161   110			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES							
City & State			City & State				1	4. FEI	Number 6	2-11943	62		_ <del></del>	oplied For ot Applicable	<b>,</b>
Zip	Zip Country		Zip Co		Coun	untry		<b>5.</b> Cè	rtificate of St	atus Desire	ed [		8.75 Add	ditional	1
	6. Name	Registered Agent					7. Naı	me and Add	ress of Ne	w Regist	tered A	gent		_ -	
سعسريه در						Name									1
	ATION SERV				Street Addre	ess (P.	O. Box	Number is N	lot Accepta	able)			<del></del>	1	
	/s street Ssee FL 32	301-2525											•		1
	•••					0''							1 7: 0		4
						City						FL	Zip Cod	e	_[
	e named entit tions of regist	y submits this statement fo ered agent.	r the purpos	se of changing its r	egistere	ed office or reg	istered	d agen	t, or both, in	the State of	f Florida.	l am fa	miliar with,	and accept	
SIGNATURE															
	Signature, typed	or printed name of registered agent a	and title if applica	able. (NOTE:	Registere	d Agent signature red	quired w	hen reinst	tating)			DATE			╛
FILE NOW!!! FEE IS \$150.00									9. Election	Campaign	n Financir	ng	\$5.0	<b>0</b> May Be	
		03 Fee will be \$550.00 Florida Department of	State							nd Contrib				to Fees	
10.		OFFICERS AND	DIRECTORS		11.	<del></del>		ADDI	TIONS/CHA	NGES TO (	OFFICER	S AND (	DIRECTOR	S IN 11	7
TITLE	VPS		☐ Delete TI		TITLE	i							☐ Change	Addition	
NAME	M. HUE, S				NAM										;
STREET ADDRESS CITY-ST-ZIP		/IC CENTER DR ( HILLS CA 90210			ET ADDRESS -ST-ZIP										
TITLE	D			☐ Delete	TITLE									Addition	1
NAME	HART, MATTHEW J			NAM	E									'	
STREET ADDRESS	Table time amount and					ET ADDRESS									
CITY-ST-ZIP		HILLS CA 90210			CITY	-ST-ZIP	·					.=.			4
TITLE	VP		F	Delete	- TITLE			*				(	☐ Change	☐ Addition	
NAME STREET ADDRESS	9336 CIVIC	ER, W. STEVEN C CENTER DR			NAMI	ET ADDRESS									1
CITY-ST-ZIP		HILLS CA 90210				-ST-ZIP									ĺ
TITLE	P			□ Delete	TITLE							1	☐ Change	Addition	1
NAME		ein, dieter h		Delete	NAMI							'	<u> —</u>		
STREET ADDRESS	9336 CIVIO	CENTER DR			STRE	ET ADDRESS									
CITY-ST-ZIP		HILLS CA 90210			CITY	-ST-ZIP									_
TITLE	AS		_	☐ Delete	TITLE		_	_					Change	Addition	
NAME	MARDTE,				NAM										
STREET ADDRESS CITY-ST-ZIP		CENTER DR HILLS CA 90210				ET ADORESS - ST- ZIP									

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MAROTE, DAVID

☐ Delete

122103

310.278-4321

Daytime Phone #

☐ Change

☐ Addition