FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # P26067 (9)

1. Corporate Name
RAMADA FRANCHISE SYSTEMS, INC.

Principal Place of Business:
ATTEN: LEGAL DEPT
339 JEFFERSON RD
PARSIPPANY NJ 07054

Mailing Address:
ATTEN: LEGAL DEPT
339 JEFFERSON RD
PARSIPPANY NJ 07054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1989
3a. Date of Last Report: 03/22/1994
4. FEI Number: 22-2993446 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORP SYSTEM
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 TITLE	☐ Change ☐ Addition
NAME	BELMONTE, STEVEN	1 NAME	
STREET ADDRESS	3 GOLDEN CORNER WAY	1 STREET ADDRESS	
CITY-ST-ZIP	RANDOLPH NJ	1 CITY-ST-ZIP	
TITLE	VT	2 TITLE	☐ Change ☐ Addition
NAME	HOLMES, STEPHEN	2 NAME	
STREET ADDRESS	43 GREENVIEW DR	2 STREET ADDRESS	
CITY-ST-ZIP	PEQUANNOCK NJ	2 CITY-ST-ZIP	
TITLE	S	3 TITLE	Secretary ☒ Change ☐ Addition
NAME	MOSSMAN, JAMES	3 NAME	Jeanne M. Murphy
STREET ADDRESS	345 PARK AVE	3 STREET ADDRESS	47 N. Van Dien Avenue
CITY-ST-ZIP	NEW YORK NY	3 CITY-ST-ZIP	Ridgewood, NJ 07450
TITLE	V	4 TITLE	☐ Change ☐ Addition
NAME	FORBES, SCOTT	4 NAME	
STREET ADDRESS	132 WASHINGTON AVE	4 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ	4 CITY-ST-ZIP	
TITLE	V	5 TITLE	☐ Change ☐ Addition
NAME	BUCKMAN, JAMES	5 NAME	
STREET ADDRESS	99 WOODFIELD RD	5 STREET ADDRESS	
CITY-ST-ZIP	SHORT HILLS NJ	5 CITY-ST-ZIP	
TITLE		6 TITLE	Director ☐ Change ☒ Addition
NAME		6 NAME	Martin Edelman
STREET ADDRESS		6 STREET ADDRESS	280 Park Avenue
CITY-ST-ZIP		6 CITY-ST-ZIP	New York, NY 10019

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott E. Forbes, Sr. V.P. Finance 4/24/95 201-428-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

0394437 FP