FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P26067** **(9)**

1. Corporation Name

RAMADA FRANCHISE SYSTEMS, INC.

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

3. Date Incorporated or Qualified: 09/20/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

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

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: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BELMONTE, STEVEN		1.2 NAME	
STREET ADDRESS	3 GOLDEN CORNER WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	RANDOLPH NJ		1.4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLMES, STEPHEN		2.2 NAME	
STREET ADDRESS	43 GREENVIEW DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	PEQUANNOCK NJ		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, JEANNE M		3.2 NAME	
STREET ADDRESS	47 N. VAN DIEN AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEWOOD NJ		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FORBES, SCOTT		4.2 NAME	
STREET ADDRESS	132 WASHINGTON AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BUCKMAN, JAMES		5.2 NAME	
STREET ADDRESS	99 WOODFIELD RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	SHORT HILLS NJ		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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JR

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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)(k), 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 FORBES (201)428-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #