

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90121 038 ***150.00

DOCUMENT # P26067

1. Corporation Name

RAMADA FRANCHISE SYSTEMS, INC.

Principal Place of Business

6 SYLVAN WAY
PARSIPPANY NJ 07054

Mailing Address

6 SYLVAN WAY
PARSIPPANY NJ 07054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1989

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6 Sylvan Way

Suite, Apt. #, etc.

22

City & State

23 Parsippany, NJ

Zip Country

24 07054

25 USA

2a. Mailing Address

26 6 Sylvan Way

Suite, Apt. #, etc.

27

City & State

28 Parsippany, NJ

Zip Country

29 07054

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE **P** ☐ DELETE
NAME **BELMONTE, STEVEN**
STREET ADDRESS **3 GOLDEN CORNER WAY**
CITY-ST-ZIP **RANDOLPH NJ**

TITLE **CFO** ☒ DELETE
NAME **MONACO, MICHAEL P**
STREET ADDRESS **350 EAST 79TH STREET APT 33A**
CITY-ST-ZIP **NEW YORK NY 10021**

TITLE **S** ☐ DELETE
NAME **MURPHY, JEANNE M**
STREET ADDRESS **47 N. VAN DIEN AVENUE**
CITY-ST-ZIP **RIDGEWOOD NJ**

TITLE **V** ☐ DELETE
NAME **FORBES, SCOTT**
STREET ADDRESS **132 WASHINGTON AVE**
CITY-ST-ZIP **MORRISTOWN NJ**

TITLE **V** ☐ DELETE
NAME **BUCKMAN, JAMES**
STREET ADDRESS **99 WOODFIELD RD**
CITY-ST-ZIP **SHORT HILLS NJ**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Terry E. Kridler**
2.3 STREET ADDRESS **6 Sylvan Way**
2.4 CITY-ST-ZIP **Parsippany, NJ 07054**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D Martin Edelman**
6.3 STREET ADDRESS **75 East 55th Street**
6.4 CITY-ST-ZIP **New York, NY 10022**

14. 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 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, with all other like empowered.

SIGNATURE:

Birgit S. Philipp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Birgit S. Philipp 2/18/99

Date

(973) 496-5036

Daytime Phone #

CR2E034 (1/98)