FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90034 039 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P26067

1. Entity Name

Ramada Franchise Systems, Inc.

DO NOT WRITE IN THIS SPACE

851162

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1 Sylvan Way	1 Campus Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3rd Floor-Legal
City & State Parsippany, NJ	City & State Parsippany, NJ
Zip 07054 Country USA	Zip 07054 Country USA

4. FEI Number 22-2993446 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road

City Plantation FL Zip Code 33324

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	Director, Joel R. Buckberg 1 Campus Drive Parsippany, NJ 07054
	Director, Stephen P. Holmes 1 Campus Drive Parsippany, NJ 07054
	President & CEO Steven J. Belmonte 1 Sylvan Way Parsippany NJ 07054
	EVP & Treasurer Duncan H. Cocroft 1 Campus Drive Parsippany, NJ 07054
	Senior VP & Secretary Eric J. Bock 1 Campus Drive Parsippany, NJ 07054
	VP Tax, Joseph Huber 1 Campus Drive Parsippany, NJ 07054

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Huber Joseph Huber 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #