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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

THREE RAYINIA DRIVE #2900 C/O CORPORATE TAX

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27644

(4)

THREE RAVINIA DRIVE #2800

C/O CORPORATE TAX

Mailing Address

HOLIDAY INNS FRANCHISING, INC.

FILED
Apr 29 1997 8:00am
Secretary of State

(770)604-2000

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US	ATLANTA GA 30346-9149 US		ATLANIA GA 30346-2143									
			US				3. Date Incorporated or Qualified 01/09/1990			3a. Date of Last Report 05/01/1996		
2. Principal Place of	Business	2a. Maili	ng Address			4. FEI Nu	mber		A	plied For		
THREE RAVINIA DR. STE 2900		1900 26 THR	26 THREE RAVINIA DR STE 2900				977017		No	ot Applicable		
Suite, Apt. #, etc.		Suite	, Apt. #, etc			5 Certific	ate of Status Desired		\$8.75	Additional		
22 CLO CORPORATE TAX			27 CIO CORPORATE TAX				Fee Required					
City & State		├ . '	City & State				6. Election Campaign Financing \$5.00 May Be					
3 ATLANTA		28 ATLANTA GA			Trust F	Trust Fund Contribution Added to Fees						
Zip ∏arakan akad	Country	Zip		Coun	-		orporation has liability for					
130346-2149		29 30346-2149 30 US				Florida Statutes Yes No WE HAVE FILE						
	lame and Address of	Current negistered	Agent		B1 Name	10. Name	and Address of New R	egistered .	Agent			
	RATION SYSTEM			['	B1 Name							
1200 S. Pli		82 Street Addr			Address (P.O. Box	Number is Not Accepta	ible)	· · · · · · · · · · · · · · · · · · ·				
PLANTATIC)N FL 33324						***************************************		*********			
				1	B3							
				-	84 City				85 Zip	Code		
								FL	. 1 1 1			
11. Pursuant to the p	provisions of Sections 6	07.0502 and 607.150	08, Florida Statu	ites, the ab	ove-named	corporation submi	its this statement for the	purpose of	changing i	s registerec		
agent Lam fami	ed agent, or both, in the lar with, and accept the	e state of morida, so e obligations of Sect	ion 607 0505. F	lorida Stati	by the corp tes	poration's board of	directors. I hereby acce	ept the app	ointment as	registered		
-	thin, and docuping	or gardens on boar	.011 007 .0000, 1	ionoa olate	100.							
SIGNATURE Slauring	type diociprinted name of regis	ered agent and tile if applic	aule (NC	TE Registered	Agent signature	required when reinstating	2)	DATE				
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TITLE TSVP NAME SINY. STREET ADDRESS THRE	ard, david b E ravinia drive #	2900	K DETEA	1.2 NAM 1.3 STR	AE EET ADDRESS	OLIVER, TH THREE RAVI	NIA DR STE 24	900	Change	Additio		
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TITLE TSVP NAME SINY STREET AGDRESS THRE CHY-ST 2IP ATLA TITLE V NAME GOO	ARD, DAVID B EE RAVINIA DRIVE # NTA GA DSON, MICHAEL L			1.2 NAM 1.3 STR 1.4 CIT 2.1 TITE 2.2 NAM	AE EET ADDRESS Y-ST-ZIP E	OLIVER, TH THREE RAVI ATLANTA VIT GOODSON, M	nia DR. Ste 1 0 GA 30344-2 Nichael L.	.149	•			
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and Sales Development

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