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Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91515 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27644

10089918

1. Entity Name
HOLIDAY HOSPITALITY FRANCHISING, INC.

Principal Place of Business	Mailing Address
THREE RAVINIA DRIVE #2900 C/O CORPORATE TAX ATLANTA, GA 30346-2149 US	THREE RAVINIA DRIVE #2900 C/O TAX DEPT ATLANTA, GA 30346-2149 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2977017** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW! FEE IS $150.00
After May 1, 2003 Fee Will Be $500.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP LEWIS, DOUGLAS W THREE RAVINIA DRIVE #2900 ATLANTA, GA 303462149	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/SVP GOODSON, MICHAEL Three RAVINIA Dr. ATLANTA, GA 30346	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT CHITTY, ROBERT J THREE RAVINIA DR, SUITE 2900 ATLANTA, GA 303462149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD HILL, ROBERT D THREE RAVINIA DR, #2900 ATLANTA, GA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/COO MURRAY, Thomas Three RAVINIA Dr. ATLANTA, GA 30346	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SWEETWOOD, JOHN THREE RAVINIA DR ATLANTA, GA 30346	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/Pres PORTER, Steven Three RAVINIA Dr. ATLANTA, GA 30346	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MEYER-ROBERTS, BARBARA 747 THIRD AVE, 26TH FL NEW YORK, NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Meyer-Roberts, Ass't Sec 4/23/03 212-852-6415
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Barbara Meyer-ROBERTS