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FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90038 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38019

1. Corporation Name
BAYMONT INNS HOSPITALITY CORPORATION

Principal Place of Business 250 EAST WISCONSIN AVENUE SUITE 1700 MILWAUKEE WI 53202-4221 US	Mailing Address 250 E WISCONSIN AVENUE ATTN: LEGAL DEPT MILWAUKEE WI 53211 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1992

4. FEI Number

39-1131375

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25** **29** **30**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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	<input type="checkbox"/> DELETE
NAME	LUCAS, DAVID T	
STREET ADDRESS	250 E WISCONSIN AVENUE, STE 1700	
CITY-ST-ZIP	MILWAUKEE WI 53202	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BECKERWERTH, HANS	
STREET ADDRESS	250 EAST WISCONSIN AVENUE, SUITE 1700	
CITY-ST-ZIP	MILWAUKEE WI 53202	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KISSINGER, THOMAS F.	
STREET ADDRESS	250 EAST WISCONSIN AVENUE, SUITE 1700	
CITY-ST-ZIP	MILWAUKEE WI	

TITLE	T	<input type="checkbox"/> DELETE
NAME	NEIS, DOUGLAS A	
STREET ADDRESS	250 E WISCONSIN AVENUE, STE 1700	
CITY-ST-ZIP	MILWAUKEE WI 53202	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vice President
2.3 STREET ADDRESS	Hopper, Charles L.
2.4 CITY-ST-ZIP	250 E. Wisconsin Avenue, Suite 1700 Milwaukee, WI 53202

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

 **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

Date

(414) 905-1390

Daytime Phone #