2002 UNIFORM BUSINESS REPORT (UBR)

May 16, 2002 8:00 am Secretary of State P93000052738 DOCUMENT # 1. Entity Name SERVICO FORT WAYNE, INC. 05-16-2002 90019 010 ***150.00 Principal Place of Business Mailing Address 3445 PEACHTREE RD. NE., STE 700 3445 PEACHTREE RD. NE., STE 700 ATLANTA GA 30326 ATLANTA GA 30326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0432693 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 120 SOUTH PINE ISLAND ROAD PLANTATION FL 33324. City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. IRS AND DIRECTORS IN 11 President/Treasurer TITLE TITLE Change Addition CR2E034 (9/01 GUTIERREZ, KARYN M Amaral, Michael W. NAME NAME 3445 Peachtree Road, NE., Ste. 700 STREET ADDRESS 3445 PEACHTREE RD. NE STREET ADDRESS Atlanta. Georgia 30326 ATLANTA GA 30326 ... CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change VP/Secretary GRYBOSKI, THOMAS S NAME NAME Ellis, Daniel E. 3445 PEACHTREE RD. NE., STE 700 STREET ADDRESS STREET ADDRESS 3445 Peachtree Road, NE., Ste. 700 CITY-ST-7IP ATLANTA GA 30326 CITY-ST-ZIP Atlanta, Georgia 30326 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

FILED