

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000001549 (0)

1. Corporation Name
RALEIGH INNKEEPERS, INC.

Principal Place of Business

1 CATE STREET
SUITE 3
PORTSMOUTH NH 03801

Mailing Address

1 CATE STREET
SUITE 3
PORTSMOUTH NH 03801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1000 Market St	26 1000 Market St
22 Bldg 1	27 Bldg 1
23 City & State	28 City & State
24 Portsmouth NH	29 Portsmouth NH
25 Zip	30 Zip
03801	03801

3. Date Incorporated or Qualified	Applied For
01/01/1996	Not Applicable
4. FEI Number	Applied For
59-1951830	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
<input type="checkbox"/>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD TALLAHASSEE FL 33324	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	1 GREENE, DOUGLAS E	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
STREET ADDRESS	1 CATE STREET, SUITE 3	2.1 TITLE	2.2 NAME
CITY - ST - ZIP	PORTSMOUTH NH 03801	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
NAME	AKRIDGE, DAVID	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
STREET ADDRESS	1 CATE STREET, SUITE 3	4.1 TITLE	4.2 NAME
CITY - ST - ZIP	PORTSMOUTH NH 03801	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY - ST - ZIP		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
TITLE	NAME		
NAME			
STREET ADDRESS			
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.

SIGNATURE:

Douglas E. Greene 3/17/98

CR2E034 (10/97)