


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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P19636 (0)
 1. Corporation Name
HAMPTON INNS, INC.



Principal Place of Business 755 CROSSOVER LANE MEMPHIS TN 38117 US	Mailing Address 755 CROSSOVER LANE MEMPHIS TN 38117 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 06/14/1988	
4. FEI Number 62-1194362	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHULTZ, RAYMOND E.	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	DEMPSEY, DONALD H.	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, DAVID C.	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HALPERN, M RONALD	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KELTNER, THOMAS	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LAKE, RALPH	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard M. Kelleher	
2.3 STREET ADDRESS	755 Crossover Lane	
2.4 CITY-ST-ZIP	Memphis, TN 38117	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Carol G. Champion	
3.3 STREET ADDRESS	755 Crossover Lane	
3.4 CITY-ST-ZIP	Memphis, TN 38117	
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.

SIGNATURE: *[Handwritten Signature]* **901-374-5299**

CR2E034 (10/97)

**HAMPTON INNS, INC.
DIRECTORS & OFFICERS
FEDERAL ID NUMBER 62-1194362**

DIRECTORS

NAME	ADDRESS
Raymond E. Schultz	755 Crossover Lane Memphis, TN 38117
Richard M. Kelleher	755 Crossover Lane Memphis, TN 38117

OFFICERS

NAME	ADDRESS	TITLE
Richard M. Kelleher	755 Crossover Lane Memphis, TN 38117	President
Thomas L. Keltner	755 Crossover Lane Memphis, TN 38117	Sr. Vice President
Ralph B. Lake	755 Crossover Lane Memphis, TN 38117	Sr. Vice President/ Secretary
Vincent C. Ciaramitaro	755 Crossover Lane Memphis, TN 38117	Vice President
M. Ronald Halpern	755 Crossover Lane Memphis, TN 38117	Vice President/ Assistant Secretary
Carol G. Champion	755 Crossover Lane Memphis, TN 38117	Assistant Treasurer
R. Bryan Mulroy, Jr.	755 Crossover Lane Memphis, TN 38117	Assistant Treasurer
W. Steven Standefer	755 Crossover Lane Memphis, TN 38117	Assistant Treasurer