


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

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90016 010 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P19636

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 06/14/1988	4. FEI Number 62-1194362	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	28	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip Country	25	29 Zip Country	30	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHULTZ, RAYMOND E.			1.2 NAME	Dan L. Hale		
STREET ADDRESS	755 CROSSOVER LANE			1.3 STREET ADDRESS	755 Crossover Lane		
CITY-ST-ZIP	MEMPHIS TN			1.4 CITY-ST-ZIP	Memphis, TN 38117		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KELLEHER, RICHARD M.			2.2 NAME	Stevan D. Porter		
STREET ADDRESS	755 CROSSOVER LANE			2.3 STREET ADDRESS	755 Crossover Lane		
CITY-ST-ZIP	MEMPHIS TN 38117			2.4 CITY-ST-ZIP	Memphis, TN 38117		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHAMPION, CAROL G.			3.2 NAME	J. Kendall Huber		
STREET ADDRESS	755 CROSSOVER LANE			3.3 STREET ADDRESS	755 Crossover Lane		
CITY-ST-ZIP	MEMPHIS TN 38117			3.4 CITY-ST-ZIP	Memphis, TN 38117		
TITLE	VS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALPERN, M RONALD			4.2 NAME			
STREET ADDRESS	755 CROSSOVER LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MEMPHIS TN			4.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	VSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KELTNER, THOMAS			5.2 NAME	William S. Harrison		
STREET ADDRESS	755 CROSSOVER LANE			5.3 STREET ADDRESS	755 Crossover Lane		
CITY-ST-ZIP	MEMPHIS TN			5.4 CITY-ST-ZIP	Memphis, TN 38117		
TITLE	VS	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAKE, RALPH			6.2 NAME	Peter H. Kesser		
STREET ADDRESS	755 CROSSOVER LANE			6.3 STREET ADDRESS	755 Crossover Lane		
CITY-ST-ZIP	MEMPHIS TN			6.4 CITY-ST-ZIP	Memphis, TN 38117		

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: W. H. [Signature] Date: 4/21/99 Daytime Phone #: 901-374-5000

CR2E034 (11/98)

HAMPTON INNS, INC.
FEDERAL ID NUMBER 62-1194362

1009068796
P19636

PRIMARY BUSINESS ADDRESS: 755 CROSSOVER LANE
MEMPHIS, TENNESSEE 38117

DIRECTORS:

WILLIAM S. HARRISON
J. KENDALL HUBER
PETER H. KESSER

OFFICERS:

DAN L. HALE	PRESIDENT
STEVEN D. PORTER	EXE. VICE PRESIDENT
J. KENDALL HUBER	EXE. VICE PRESIDENT/SECRETARY
M. RONALD HALPERN	SR. VICE PRESIDENT & ASST. SECRETARY
WILLIAM S. HARRISON	SR. VICE PRESIDENT/ASST. SECRETARY/TREASURER
KEVIN W. KERN	VICE PRESIDENT/ ASST. SECRETARY
PETER H. KESSER	VICE PRESIDENT/ ASST. SECRETARY
R. BRYAN MULROY, JR.	VICE PRESIDENT & ASST. TREASURER
W. STEVEN STANDEFER	VICE PRESIDENT & ASST. TREASURER