

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90027 044 ***150.00

DOCUMENT # P19636

1. Entity Name
HAMPTON INNS, INC.

Principal Place of Business

**755 CROSSOVER LANE
 MEMPHIS TN 38117
 US**

Mailing Address

**755 CROSSOVER LANE
 MEMPHIS TN 38117
 US**

2. Principal Place of Business

**9336 CIVIC CENTER DR
 Suite, Apt. #, etc.**

3. Mailing Address

**9336 CIVIC CENTER DR
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
BEVERLY HILLS CA

City & State
BEVERLY HILLS CA

4. FEI Number **62-1194362**

Applied For
 Not Applicable

Zip **90210** Country **USA**

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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D NAME SCHULTZ, RAYMOND E. STREET ADDRESS 755 CROSSOVER LANE CITY-ST-ZIP MEMPHIS TN	<input checked="" type="checkbox"/> Delete
TITLE PD NAME KELLEHER, RICHARD M. STREET ADDRESS 755 CROSSOVER LANE CITY-ST-ZIP MEMPHIS TN 38117	<input checked="" type="checkbox"/> Delete
TITLE T NAME CHAMPION, CAROL G. STREET ADDRESS 755 CROSSOVER LANE CITY-ST-ZIP MEMPHIS TN 38117	<input checked="" type="checkbox"/> Delete
TITLE VS NAME HALPERN, M RONALD STREET ADDRESS 755 CROSSOVER LANE CITY-ST-ZIP MEMPHIS TN	<input checked="" type="checkbox"/> Delete
TITLE V NAME KELTNER, THOMAS STREET ADDRESS 755 CROSSOVER LANE CITY-ST-ZIP MEMPHIS TN	<input type="checkbox"/> Delete
TITLE VS NAME LAKE, RALPH STREET ADDRESS 755 CROSSOVER LANE CITY-ST-ZIP MEMPHIS TN	<input checked="" type="checkbox"/> Delete

TITLE DIRECTOR NAME STEPHEN F. BOLLEN BACH STREET ADDRESS 9336 CIVIC CENTER DR CITY-ST-ZIP BEVERLY HILLS CA 90210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DIRECTOR NAME MATTHEW J. HAET STREET ADDRESS 9336 CIVIC CENTER DR CITY-ST-ZIP BEVERLY HILLS CA 90210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP - TAX NAME W. STEVEN STANDEFER STREET ADDRESS 9336 CIVIC CENTER DR CITY-ST-ZIP BEVERLY HILLS CA 90210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP, SECRETARY & COUNSEL NAME MARK A. ROBERTSON STREET ADDRESS 9336 CIVIC CENTER DR CITY-ST-ZIP BEVERLY HILLS CA 90210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PRESIDENT NAME THOMAS KELTNER STREET ADDRESS 9336 CIVIC CENTER DR CITY-ST-ZIP BEVERLY HILLS CA 90210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DIRECTOR NAME MADELEINE A. KLEINER STREET ADDRESS 9336 CIVIC CENTER DR CITY-ST-ZIP BEVERLY HILLS CA 90210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 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.

SIGNATURE: Madeleine Kleiner #MADELEINE A. KLEINER 4-26-01 310-278-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)