

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

044

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murphree  
Secretary of State  
1905 N.W. 11th Street, Tallahassee, FL 32301

DOCUMENT # **P26067** (9)  
To: Corporation Name  
**RAMADA FRANCHISE SYSTEMS, INC.**

Principal Office Address: **ATTEN: LEGAL DEPT 339 JEFFERSON RD PARSIPPANY NJ 07054**

Mailing Address: **ATTEN: LEGAL DEPT 339 JEFFERSON RD PARSIPPANY NJ 07054**

2. Principal State of Maturity: **21** Subj. Apt. # etc: **22** City & State: **23**

2a. Mailing Address: **26** Subj. Apt. # etc: **27** City & State: **28**

24. No. of Shares: **25** Class: **29** Amt: **30** Country: **30**

3. Date Incorporated or Qualified: **09/20/1989** 3a. Date of Last Report: **03/22/1994**

4. CFI Number: **22-2993446** Applied For:  Not Applicable:

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

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

8. Fees (corporation fees required by the corporation for change of 1994 CFI Florida Statutes):  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE HALL CORP SYSTEM  
1201 HAYS ST  
SUITE 105  
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: \_\_\_\_\_ FL 85. Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0505 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent or Designated Officer) \_\_\_\_\_ (Signature of Registered Agent or Designated Officer)

12. OFFICERS AND DIRECTORS

12.1 NAME: <b>P BELMONTE, STEVEN</b>	12.2 STREET ADDRESS: <b>3 GOLDEN CORNER WAY RANDOLPH NJ</b>	12.3 CITY: _____	12.4 STATE: _____	12.5 ZIP CODE: _____
12.1 NAME: <b>VT HOLMES, STEPHEN</b>	12.2 STREET ADDRESS: <b>43 GREENVIEW DR PEQUANNOCK NJ</b>	12.3 CITY: _____	12.4 STATE: _____	12.5 ZIP CODE: _____
12.1 NAME: <b>S MOSSMAN, JAMES</b>	12.2 STREET ADDRESS: <b>345 PARK AVE NEW YORK NY</b>	12.3 CITY: _____	12.4 STATE: _____	12.5 ZIP CODE: _____
12.1 NAME: <b>V FORBES, SCOTT</b>	12.2 STREET ADDRESS: <b>132 WASHINGTON AVE MORRISTOWN NJ</b>	12.3 CITY: _____	12.4 STATE: _____	12.5 ZIP CODE: _____
12.1 NAME: <b>V BUCKMAN, JAMES</b>	12.2 STREET ADDRESS: <b>99 WOODFIELD RD SHORT HILLS NJ</b>	12.3 CITY: _____	12.4 STATE: _____	12.5 ZIP CODE: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

13.1 NAME: _____	13.2 STREET ADDRESS: _____	13.3 CITY: _____	13.4 STATE: _____	13.5 ZIP CODE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.1 NAME: _____	13.2 STREET ADDRESS: _____	13.3 CITY: _____	13.4 STATE: _____	13.5 ZIP CODE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.1 NAME: <b>Secretary Jeanne M. Murphy</b>	13.2 STREET ADDRESS: <b>47 N. Van Dien Avenue Ridgewood, NJ 07450</b>	13.3 CITY: _____	13.4 STATE: _____	13.5 ZIP CODE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.1 NAME: _____	13.2 STREET ADDRESS: _____	13.3 CITY: _____	13.4 STATE: _____	13.5 ZIP CODE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.1 NAME: <b>Director Martin Edelman</b>	13.2 STREET ADDRESS: <b>280 Park Avenue New York, NY 10019</b>	13.3 CITY: _____	13.4 STATE: _____	13.5 ZIP CODE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this report voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included on this annual report or registration 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 registered office of the corporation and that my signature shall have the same legal effect as if made under oath. I am a resident of the State of Florida and I am a resident of the State of Florida and I am a resident of the State of Florida and I am a resident of the State of Florida.

SIGNATURE: *Scott E. Forbes* **Scott E. Forbes, Sr. V.P. Finance** 4/24/95 201-428-9700