

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION
REINSTATEMENT 1997
 FLORIDA DEPARTMENT OF STATE
 Sandra E. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 NOV -3 PM 4: 01

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



Principal Place of Business
**ATTN: LEGAL DEPT
 339 JEFFERSON RD
 PARSIPPANY NJ 07054**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **6 Sylvan Way**
 Suite, Apt. #, etc.
 22
 City & State
 23 **Parsippany, NJ**
 Zip Country
 24 **07054 USA**

2a. Mailing Address
 26 **6 Sylvan Way**
 Suite, Apt. #, etc.
 27
 City & State
 28 **Parsippany, NJ**
 Zip Country
 29 **07054 USA**

3. Date Incorporated or Qualified **09/20/1989** 3a. Date of Last Report **05/21/1996**
 4. FEI 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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 **FL**

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 *Charles W. Meyer* **CHARLES W. MEYER** **SPECIAL ASST. SECRETARY** DATE **10/29/97**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BELMONTE, STEVEN	
STREET ADDRESS	3 GOLDEN CORNER WAY	
CITY-ST-ZIP	RANDOLPH NJ	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	HOLMES, STEPHEN	
STREET ADDRESS	43 GREENVIEW DR	
CITY-ST-ZIP	PEQUANNOCK NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MURPHY, JEANNE M	
STREET ADDRESS	47 N. VAN DIEN AVENUE	
CITY-ST-ZIP	RIDGEWOOD NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FORBES, SCOTT	
STREET ADDRESS	132 WASHINGTON AVE	
CITY-ST-ZIP	MORRISTOWN NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BUCKMAN, JAMES	
STREET ADDRESS	99 WOODFIELD RD	
CITY-ST-ZIP	SHORT HILLS NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	900002339059-115
1.3 STREET ADDRESS	-11/05/97--01080--023
1.4 CITY-ST-ZIP	****200.00 ****200.00
2.1 TITLE	Vice Chairman/Chief Financial Officer
2.2 NAME	Michael P. Monaco
2.3 STREET ADDRESS	350 East 79th Street, Apt. 33A
2.4 CITY-ST-ZIP	New York, NY 10021
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	900002339059--5
3.4 CITY-ST-ZIP	-11/05/97--01080--024
4.1 TITLE	Sr. Vice President
4.2 NAME	***350.00
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Sr. Executive Vice President
5.2 NAME	James Buckman
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 do 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 *Scott E. Forbes* **Scott E. Forbes** **Sr. Vice President** DATE **9/25/97**

CR2E034 (4/97)