

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

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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90121 038 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P26067

1. Corporation Name
RAMADA FRANCHISE SYSTEMS, INC.



Principal Place of Business Mailing Address
 6 SYLVAN WAY 6 SYLVAN WAY
 PARSIPPANY NJ 07054 PARSIPPANY NJ 07054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/20/1989

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 **6 Sylvan Way** 26 **6 Sylvan Way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27
Parsippany, NJ

23 Zip Country 28 Zip Country
07054 USA 29 **07054 USA** 30

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 **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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELMONTE, STEVEN	1.2 NAME	
STREET ADDRESS	3 GOLDEN CORNER WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	RANDOLPH NJ	1.4 CITY-ST-ZIP	
TITLE	CFO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONACO, MICHAEL P	2.2 NAME	Terry E. Kridler
STREET ADDRESS	350 EAST 79TH STREET APT 33A	2.3 STREET ADDRESS	6 Sylvan Way
CITY-ST-ZIP	NEW YORK NY 10021	2.4 CITY-ST-ZIP	Parsippany, NJ 07054
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JEANNE M	3.2 NAME	
STREET ADDRESS	47 N. VAN DIEN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEWOOD NJ	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORBES, SCOTT	4.2 NAME	
STREET ADDRESS	132 WASHINGTON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKMAN, JAMES	5.2 NAME	
STREET ADDRESS	99 WOODFIELD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHORT HILLS NJ	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Martin Edelman
STREET ADDRESS		6.3 STREET ADDRESS	75 East 55th Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	New York, NY 10022

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: *Birgit S. Philipp* **Birgit S. Philipp** 2/18/99 (973) 496-5036
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)