

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90053 044 ***150.00

0441007

DOCUMENT # P26067
 1. Entity Name
RAMADA FRANCHISE SYSTEMS, INC.

Principal Place of Business 6 SYLVAN WAY PARSIPPANY NJ 07054 US	Mailing Address 6 SYLVAN WAY PARSIPPANY NJ 07054 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 22-2993446	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	P <input type="checkbox"/> Delete
NAME	BELMONTE, STEVEN
STREET ADDRESS	3 GOLDEN CORNER WAY
CITY-ST-ZIP	RANDOLPH NJ
TITLE	T <input type="checkbox"/> Delete
NAME	KRIDLER, TERRY E DUNCAN COCROFT
STREET ADDRESS	6 SYLVAN WAY
CITY-ST-ZIP	PARSIPPANY NJ 07054
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	MURPHY, JEANNE M
STREET ADDRESS	47 N. VAN DIEN AVENUE
CITY-ST-ZIP	RIDGEWOOD NJ
TITLE	V <input checked="" 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	D <input type="checkbox"/> Delete
NAME	EDELMAN, MARTIN
STREET ADDRESS	75 EAST 55TH ST
CITY-ST-ZIP	NEW YORK NY 10022

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVP, Secretary
STREET ADDRESS	ERIC J BOCK
CITY-ST-ZIP	6 SYLVAN WAY
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	Joseph Huber
CITY-ST-ZIP	6 SYLVAN WAY
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Joseph Huber 1/16/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (10/00)