

05-09-2002 90034 039 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P26067**
 1. Entity Name
Ramada Franchise Systems, Inc.

851162

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1 Sylvan Way
 Suite, Apt. #, etc.

3. Mailing Address
1 Campus Drive
 Suite, Apt. #, etc.
3rd Floor - Legal

City & State
Parsippany, NJ

City & State
Parsippany, NJ

Zip
07054 Country **USA**

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07054 Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **22-2993446** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City **Plantation** FL Zip Code **33324**

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 _____ (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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	Director, Joel R. Buckberg 1 Campus Drive Parsippany, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Stephen P. Holmes 1 Campus Drive Parsippany, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO Steven J. Belmonte 1 Sylvan Way Parsippany, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP & Treasurer Duncan H. Crocrott 1 Campus Drive Parsippany, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior VP & Secretary Eric J. Bock 1 Campus Drive Parsippany, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Tax Joseph Huber 1 Campus Drive Parsippany, NJ 07054

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Joseph Huber** **Joseph Huber** **4/30/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone