

ACCOUNT NO.

072100000032

REFERENCE

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: June 27, 2002

ORDER TIME : 10:49 AM

ORDER NO. : 642291-525

800006138468-

CUSTOMER NO: 7155110

CUSTOMER: Patricia Meudt, Legal Asst

Cendant Corporation

1 Campus Drive

Parsippany, NJ 07054

MVISION OF CORPORATION

CHANGE OF AGENT

NAME: RAMADA FRANCHISE SYSTEMS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY __PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

submits the follo	l corporation organized under the laws of the Sta owing statement in order to change its registere	d office or registered agent, or both, in	٠
the State of Flor	rida.		
1. The name of t	the corporation:	<u> </u>	T3
RAMADA FRAI	NCHISE SYSTEMS, INC.	<u> </u>	= =
	address of the corporation:		in de la compania de La compania de la co
1 Campus D	Drive, 3rd Floor, Parsippany, NJ 07054	The state of the s	
	poration/qualification: 09/20/1989 I		ılı.
4. The name and	address of the current registered agent and offic	e:	
	T Corporation System		
1	200 South Pine Island Road		
Į.	Plantation, FL 33324	<u>₹</u>	
5. The name and	address of the new registered agent (if changed) (P. O. Box Not Acceptable	and/or registered office (if changed)	
C	Corporation Service Company	<u> </u>	. <u>.</u>
	201 Hays Street		
Ta	allahassee, Florida 32301		'
The street addres agent, as changed	ss of its registered office and the street address od, will be identical.	of the business office of its registered	,,
Such change was authorized by the	s authorized by resolution duly adopted by its be board.	oard of directors or by an officer so	
	aure Culle	0 = 06/24/200 <u>2</u>	
(Signature of	an officer, chairman or vice chairman of the board)	(Date)	-
Maureen Cullen,	Attorney-in-Fact		_
	(Printed or typed name and title)	<u>an</u> alin garang sa 南	
Having been nam corporation, I her I further agree to performance of m registered agent.	ned as registered agent and to accept service of reby accept the appointment as registered agen comply with the provisions of all statutes relating duties, and I am familiar with and accept the	process for the above stated t and agree to act in this capacity. ive to the proper and complete obligation of my position as	
Sow the	accarelo	06/24/2002	
` -	nature of Registered Agent)	(Date)	
If signing on behalf o	of an entity:		
Lou Giaccardo	Tank	Yri == . P : 2 :	-
	ped or Printed Name)	. Vice President (Capacity)	

CR2E045(9/00)