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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
103906	Choice Hotels International Services Corp.			
3. Street Address Principal Business Office		City	State	Zip
10750 Columbia Pike		Silver Spring	MD	20901
4. Business Phone No.	5. State of Incorporation			
3015926630	DE			

6. Brief Description of the Character of Business Conducted in Rhode Island
MANAGEMENT SERVICES

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☑ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Charles A. Ledsinger, Jr.	10750 Columbia Pike	Silver Spring	MD	20901

Vice President Name	Street Address	City	State	Zip
Scott Oaksmith	10750 Columbia Pike	Silver Spring	MD	20901

Secretary Name	Street Address	City	State	Zip
TBA (position vacant)	10750 Columbia Pike	Silver Spring	MD	20901

Treasurer Name	Street Address	City	State	Zip
David White	10750 Columbia Pike	Silver Spring	MD	20901

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
David White	10750 Columbia Pike	Silver Spring	MD	20901

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
			MD	

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	Common	.01

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1	Common	.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[signature] 3-6-08
Signature *Date*

David White
Print or Type Name

[redacted] Sr. VP, CFO and Treasurer
Title

File Date FILED
Check No. MAR 14 2008
By: By 162686
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21536-32-246868

Form 630 Rev. 12/06