

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

DELICATION NO.    Select of Incorporation   DELAWARE	26547	2. Exact name of the Corporation CHOICE HOTELS INTERNATIONAL, INC.				
Dusiness Phone No.	Principal office address					Zip <b>20850</b>
State   Zip   State   Zip   City   State   Zip   City   State   Zip   Director Name   Direct	. Business Phone No.			5. State of Incorporation DELAWARE		
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)  Tresident Name STEPHEN JOYCE  Tresident Name DVice-President Name DVice-President Name STEPHEN JOYCE  Street Address 1 CHOICE HOTELS CIRCLE, SUITE 400  Tressurer Name DAVID WHITE Street Address 1 CHOICE HOTELS CIRCLE, SUITE 400  Tressurer Name DAVID WHITE  Street Address 1 CHOICE HOTELS CIRCLE, SUITE 400  Street Address 1 CHOICE HOTELS CIRCLE, SUITE 400  Tressurer Name DAVID WHITE  Street Address 1 CHOICE HOTELS CIRCLE, SUITE 400  Tressurer Name DAVID WHITE  Street Address 1 CHOICE HOTELS CIRCLE, SUITE 400  Tressurer Name To HOICE HOTELS CIRCLE, SUITE 400  Tressurer Name DAVID WHITE  Street Address 1 CHOICE HOTELS CIRCLE, SUITE 400  Tressurer Name To HOICE HOTELS CIRCLE, SUITE 400  Tressurer Name Street Address  Street Address  Street Address  City  State  Zip  Director Name  Street Address  City  State  Zip  This Information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of Instruction sheet.  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 trust this report must be executed on behalf of the corporation by the receiver or truster.  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 trust this report must be executed on behalf of the corporation by the receiver or truster.  Under penalty of prifting 1 declare and affirm that I have examily that and that all statements contained herein are true and correct.	Brief description of the ch	naracter of business (	conducted in Rhode Island			
Trestdern Name STEPHEN JOYCE  Treet Address 1 CHOICE HOTELS CIRCLE, SUITE 400  State Address 1 CHOICE HOTELS CIRCLE, SUITE 400  City ROCKVILLE MID Z0850  Treasurer Name DAVID WHITE  SIMONE WU  STREET Address 1 CHOICE HOTELS CIRCLE, SUITE 400  Street Address  Street	HOTEL FRANCHISII	NG				
Trestdern Name STEPHEN JOYCE  Treet Address 1 CHOICE HOTELS CIRCLE, SUITE 400  State Address 1 CHOICE HOTELS CIRCLE, SUITE 400  City ROCKVILLE MID Z0850  Treasurer Name DAVID WHITE  SIMONE WU  STREET Address 1 CHOICE HOTELS CIRCLE, SUITE 400  Street Address  Street	LIST ALL OFFICERS (N	IAMES AND ADDRE	SSES) ("X" BOX FOR ATT	ACHMENT)		
Street Address   Street Address   State   State   MD   Z0850   City   State   Zip   City   State   Zip   Z0850   City   State   Zip   Zip   Z0850   City   State   Zip   Z	resident Name STEPHEN JOYCE			DAVID WHITE		
ROCKVILLE MD Z0850  ROCKVILLE MD Z0850  Treasurer Name DAVID WHITE  Street Address 1 CHOICE HOTELS CIRCLE, SUITE 400  Street Address 1 CHOICE HOTELS CIRCLE, SUITE 400  City State MD Z0850  ROCKVILLE MD ZIP Z0850  ROCKVILLE MD Z1P Z0850  City ROCKVILLE MD Z1P Z0850  LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Z  Director Name  Street Address  Street Address  City State Zip City State Zip City State Zip  Director Name  Street Address  City State Zip City State Zip City State Zip  Director Name  Street Address  City State Zip Number of Street Address  City State Zip City State Zip Number of Street Address  City State Zip Number of State Zip Number of Street Address  City State Zip Number of Stat	troot Address	CIRCLE, SUITE	400	Street Address 1 CHOICE HOTEL		
SIMONE WU  Sire Address 1 CHOICE HOTELS CIRCLE, SUITE 400  Sity State MD Zip City State MD Z0850  City MD Z0850  City MD Z0850  City State Zip Director Name  Street Address  City State Zip City State Zip Director Name  Street Address  City State Zip City State Zip Director Name  Street Address  City State Zip City State Zip City State Zip Director Name  Street Address  City State Zip City State Zip City State Zip City State Zip Director Name  Street Address  City State Zip Number of Street Address  City State Zip City State Zip City State Zip Number of Street Address  City State Zip City State Zip City State Zip City State Zip Number of State State Zip City State Changes require an additional filing.  See Section 9 of Instruction sheet.  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 trust this report must be executed on behalf of the corporation by the receiver or trustee.  Under penalty of pefflup, I declare and affirm that I have examitate and that all state port, including any accompanying schedules and staten and that all state port, including any accompanying schedules and staten and that all state port, including any accompanying schedules and staten and cortest.	City	State	Zip	City ROCKVILLE		
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City State Zip City State Zip Director Name  Director Name  Street Address  City State Zip City State Zip City State Zip  9. SHARES AUTHORIZED  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) Number of Shares CLASS/SERIES PAR VALUE  160,000,000 COMMON \$0.01  This information is currently of record in the Office of the Secretary of State. Changes require an additional filling.  See Section 9 of Instruction sheet.  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 trust this report must be executed on behalf of the corporation by the receiver or trustee.  Under penalty of perfury, I declare and affirm that I have examinating and the composition of the corporation is in the hands of a receiver or trustee.  Under penalty of perfury, I declare and affirm that I have examinating and the composition of the corporation is in the hands of a receiver or trustee.  Under penalty of perfury, I declare and affirm that I have examinating and that all statements contained herein are true and correct.	Director Name	(Inchies Alles		Director (value		
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Under penalty of perfury, I declare and affirm that I have examine this report, including any accompanying schedules and statements contained herein are true and correct.	This information is curre	e an additional filing	e Office of the Secretary g.	160,000,000	COMMON	
File Date this report, including any accompanying scriedules and that all statements contained herein are true and correct.	This information is curre of State. Changes requir See Section 9 of instruct	e an additional filing tion sheet.	<b>g.</b>			s of a receiver or trustee.
02/18/20	This information is curre of State. Changes requir See Section 9 of instruct	re an additional filing tion sheet.	g.	ed representative. If the c	orporation is in the hand ceiver or trustee.	rm that I have examined
Signature of Authorized Representative Date	This information is curre of State. Changes requir See Section 9 of instruct  This report must be exec	tion sheet.  Suited on behalf of the this report mu	corporation by an authorize ust be executed on behalf or	ed representative. If the co f the corporation by the re Under penalty of pe	orporation is in the hand ceiver or trustee.	rm that I have examined chedules and statemen
By: DAVID WHITE	This information is curre of State. Changes requir See Section 9 of instruct  This report must be exec	tion sheet.  Suited on behalf of the this report mu	corporation by an authorize ust be executed on behalf of	ed representative. If the confidence of the corporation by the results of perturbation of this report, including and that all statements.	orporation is in the hand ceiver or trustee. Flury, I declare and affi plany accompanying s rits contained herein a	rm that I have examined chedules and statemen re true and correct. 02/18/2014

Form No. 630 Revised: 01/2012