

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211523848

1.) CORPORATION NAME:

BEST WESTERN INTERNATIONAL, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

AZ

DUE DATE: **10/31/2011**

SCC ID NO: **F0523458**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6201 N 24TH PKWY

CITY/ST/ZIP: PHOENIX, AZ 85016-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DAVID T KONG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/ CEO		
ADDRESS:	6201 N 24TH PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85016-		
NAME:	BONNIE MCPEAKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6201 N. 24TH PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85016-		
NAME:	JULIE MONTMANEIX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6201 N. 24TH PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85016-		
NAME:	MARK STRASZYNSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/VP		
ADDRESS:	6201 N 24TH PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85016-		
NAME:	JAYESH PATEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6201 N. 24TH PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85016-		

NAME: DEVANG (DAVE) AMIN TITLE: DIRECTOR ADDRESS: 6201 N. 24TH PKWY CITY/ST/ZIP/CO: PHOENIX, AZ 85016-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BETH CAMPBELL TITLE: DIRECTOR ADDRESS: 6201 N. 24TH PKWY CITY/ST/ZIP/CO: PHOENIX, AZ 85016-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES J. COSGROVE TITLE: DIRECTOR ADDRESS: 6201 N. 24TH PKWY CITY/ST/ZIP/CO: PHOENIX, AZ 85016-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: P. G. WEST TITLE: DIRECTOR ADDRESS: 6201 N. 24TH PKWY CITY/ST/ZIP/CO: PHOENIX, AZ 85016-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LAWRENCE M. CUCULIC TITLE: S/SVP ADDRESS: 6201 N. 24TH PKWY CITY/ST/ZIP/CO: PHOENIX, AZ 85016-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ DAVID T KONG _____	DAVID T KONG, PRESIDENT/ CEO _____
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	