

1.) CORPORATION NAME:

**COUNTRY INNS & SUITES BY CARLSON, 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:  
**MN**

DUE DATE: **8/31/2011**

SCC ID NO: **F1010281**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 701 CARLSON PKWY

CITY/ST/ZIP: MINNETONKA, MN 55305-

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:	TITLE:	ADDRESS:	CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
THORSTEN KIRSCHKE	COB/CEO/PRES	701 CARLSON PKWY	MINNETONKA, MN 55305-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GENEVIEVE BECK	VP-LEGAL & SEC	701 CARLSON PKWY	MINNETONKA, MN 55305-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BRADLEY M HALL	VP/TREAS	701 CARLSON PKWY	MINNETONKA, MN 55305-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JAMES H PETERSON	VP-TAX	701 CARLSON PKWY	MINNETONKA, MN 55305-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STEVEN A MOGCK	EVP/COO	701 CARLSON PKWY	MINNETONKA, MN 55305-	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT KLEINSCHMIDT EVP/CDO 701 CARLSON PKWY MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUZANNE H. RIESTERER EVP/FINANCE 701 CARLSON PKWY MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY JOHNSON EVP/DEVELOPMENT 701 CARLSON PKWY MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN A. BROWN VP/CIO 701 CARLSON PKWY MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY FREUND VP/OPERATIONS 701 CARLSON PKWY MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT MEYER VP/OPERATIONS 701 CARLSON PKWY MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARETH JAMES CFO - ASIA 701 CARLSON PKWY MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM A. VAN BRUNT ASST SECRETARY 701 CARLSON PKWY MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MEGAN BLAZINA ASST SECRETARY 701 CARLSON PKWY MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TRAVIS BACHMAN ASST SECRETARY 701 CARLSON PKWY MINNETONKA, MN 55305-	<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.

<u>/s/ JAMES H PETERSON</u>	<u>JAMES H PETERSON, VP-TAX</u>	<u>8/18/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.