

1.) CORPORATION NAME:

**Days Inns Worldwide, Inc.**

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATE CREATIONS NETWORK INC.  
4445 CORPORATION LANE, 2ND FLOOR  
VIRGINIA BEACH, VA 23462**

SCC ID NO: **F1094285**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000
PREFA	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 22 SYLVAN WAY

CITY/ST/ZIP: PARSIPPANY, NJ 07054

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.

<p>NAME: CLYDE GUINN TITLE: PRESIDENT ADDRESS: 22 SYLVAN WAY CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS J EDWARDS JR TITLE: TREASURER ADDRESS: 22 SYLVAN WAY CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LYNN A FELDMAN TITLE: SECRETARY ADDRESS: 22 SYLVAN WAY CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ERIC DANZINGER TITLE: CEO/DIR ADDRESS: 22 SYLVAN WAY CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: STEPHEN P. HOLMES TITLE: DIRECTOR ADDRESS: 22 SYLVAN WAY CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT LOEWEN TITLE: DIRECTOR ADDRESS: 22 SYLVAN WAY CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Michael Waring TITLE: VICE PRESIDENT ADDRESS: 22 Sylvan Way CITY/ST/ZIP/CO: Parsippany, NJ 07054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Rick Williams TITLE: DIRECTOR ADDRESS: 1211 West Fourth Street CITY/ST/ZIP/CO: Adel, GA 31620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ LYNN A FELDMAN	LYNN A FELDMAN, SECRETARY	10/18/2012
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.