

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90030 016 ***150.00

DOCUMENT # F01000003719

1. Entity Name

ARLINGTON HOSPITALITY DESIGN, INC.



Principal Place of Business

2355 S. ARLINGTON HTS RD #400
LEGAL DEPARTMENT
ARLINGTON HEIGHTS IL 60005

Mailing Address

2355 S. ARLINGTON HTS RD #400
LEGAL DEPARTMENT
ARLINGTON HEIGHTS IL 60005

20011408



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4298803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution... ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: TD ☒ Delete
NAME: ~~ESKENAZI, PAUL B~~
STREET ADDRESS: 2355 S. ARLINGTON HEIGHTS RD, SUITE 400
CITY-ST-ZIP: ARLINGTON HEIGHTS IL 60005

TITLE: S ☐ Delete
NAME: DALE, JAMES B
STREET ADDRESS: 2355 S. ARLINGTON HEIGHTS RD, SUITE 400
CITY-ST-ZIP: ARLINGTON HEIGHTS IL 60005

TITLE: PD ☒ Delete
NAME: CYBULSKI, RICHARD J
STREET ADDRESS: 2355 S. ARLINGTON HEIGHTS RD, SUITE 400
CITY-ST-ZIP: ARLINGTON HEIGHTS IL 60005

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President/Director ☒ Change ☐ Addition
NAME: Richard J. Cybulski
STREET ADDRESS: 2355 S. Arlington Hts. Rd.
CITY-ST-ZIP: Arlington Hts., IL 60005

TITLE: Secretary/Treasurer ☒ Change ☐ Addition
NAME: James B. Dale
STREET ADDRESS: 2355 S. Arlington Hts. Rd.
CITY-ST-ZIP: Arlington Hts., IL 60005

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard J. Cybulski Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05

(847) 228-5401

Date

Daytime Phone #