

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90045 021 \*\*\*150.00

**DOCUMENT # F93000000739**

1. Entity Name  
**ARLINGTON HOSPITALITY STAFFING, INC.**



Principal Place of Business      Mailing Address

**2355 S ARLINGTON HTS RD #400**      **2355 S ARLINGTON HS RD #400**  
**LEGAL DEPARTMENT**      **LEGAL DEPARTMENT**  
**ARLINGTON HEIGHTS IL 60005**      **ARLINGTON HEIGHTS IL 60005**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)

4. FEI Number      Applied For

**36-3801278**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE-FL-32301**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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      **\$5.00 May Be Added to Fees**

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HERMAN, JERRY H	
STREET ADDRESS	2355 S ARLINGTON HEIGHTS RD #400	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DALE, JAMES B	
STREET ADDRESS	2355 S ARLINGTON HEIGHTS RD #400	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	VAINIKOS, LEON M	
STREET ADDRESS	2355 S ARLINGTON HEIGHTS RD #400	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen K. Miller	
STREET ADDRESS	2355 S. Arlington Hts. Rd.	
CITY-ST-ZIP	Arlington Hts., IL 60005	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Leon Vainikos V.P. + GENERAL COUNSEL      1/25/05      (847) 228-5401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #