5-2-97 B-1883 C

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002839 (9)

1. Corporation Name
BUDGET MOTEL SUPPLY CORPORATION

Principal Place of Business	Mailing Address
701 LEE ST SUITE 1000 DES PLAINES IL 60016 US	701 LEE STREET SUITE 1000 DES PLAINES IL 60016-4555 US

2. Principal Place of Business 21	**2a.** Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 06/16/1993
3a. Date of Last Report: 05/01/1996
4. FEI Number: 36-3846876 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		Delete	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change / Addition
TITLE	DEVP	☐ DELETE	1.1 TITLE	PRESIDENT (P) D	☒ Change ☐ Addition
NAME	MUELLER, KURT		1.2 NAME		
STREET ADDRESS	701 LEE STREET, SUITE 1000		1.3 STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES IL		1.4 CITY-ST-ZIP		
TITLE	VAS	☒ DELETE	2.1 TITLE	VPS	☐ Change ☒ Addition
NAME	LANGE, ROBERT		2.2 NAME	VALERIE GOSSMAN-MURZL	
STREET ADDRESS	701 LEE STREET, SUITE 1000		2.3 STREET ADDRESS	4200 MUMFORD DRIVE	
CITY-ST-ZIP	DES PLAINES IL		2.4 CITY-ST-ZIP	HOFFMAN ESTATES, IL 60195	
TITLE	DP	☒ DELETE	3.1 TITLE		☐ Change Addition
NAME	DOLAN, C. MICHAEL		3.2 NAME		
STREET ADDRESS	701 LEE STREET, SUITE 1000		3.3 STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES IL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	BRANDT, ROBERT		4.2 NAME		
STREET ADDRESS	701 LEE STREET, SUITE 1000		4.3 STREET ADDRESS	34453 N. TANGUERARY DRIVE	
CITY-ST-ZIP	DES PLAINES IL		4.4 CITY-ST-ZIP	GRAYSLAKE, IL. 60030	
TITLE	D	☐ DELETE	5.1 TITLE	EXECUTIVE VICE PRESIDENT. DIRECTOR	☒ Change ☐ Addition
NAME	DANIELE, DANIEL N		5.2 NAME		
STREET ADDRESS	701 LEE STREET, SUITE 1000		5.3 STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES IL		5.4 CITY-ST-ZIP		
TITLE	VPTS	☒ DELETE	6.1 TITLE	SECRETARY + TREASURER (ST)	Change ☒ Addition
NAME	NOWACK, STEPHEN C.		6.2 NAME	JOHN SIMON	
STREET ADDRESS	701 LEE STREET, SUITE 1000		6.3 STREET ADDRESS	701 LEE STREET, SUITE 1000	
CITY-ST-ZIP	DES PLAINES IL		6.4 CITY-ST-ZIP	DESPLAINES, IL 60016	

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 18 if changed, or on an attachment with an address.

SIGNATURE [illegible] John Simon [illegible]