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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
701 LEE ST
SUITE 1000
DES PLAINES IL 60016
US

Mailing Address
701 LEE STREET
SUITE 1000
DES PLAINES IL 60016-4555
US

3. Date Incorporated or Qualified: 06/16/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

TITLE	DEVP	☐ DELETE
NAME	MUELLER, KURT	
STREET ADDRESS	701 LEE STREET, SUITE 1000	
CITY-ST-ZIP	DES PLAINES IL	
TITLE	VAS	☒ DELETE
NAME	LANGE, ROBERT	
STREET ADDRESS	701 LEE STREET, SUITE 1000	
CITY-ST-ZIP	DES PLAINES IL	
TITLE	DP	☒ DELETE
NAME	DOLAN, C. MICHAEL	
STREET ADDRESS	701 LEE STREET, SUITE 1000	
CITY-ST-ZIP	DES PLAINES IL	
TITLE	VP	☐ DELETE
NAME	BRANDT, ROBERT	
STREET ADDRESS	701 LEE STREET, SUITE 1000	
CITY-ST-ZIP	DES PLAINES IL	
TITLE	D	☐ DELETE
NAME	DANIELE, DANIEL N	
STREET ADDRESS	701 LEE STREET, SUITE 1000	
CITY-ST-ZIP	DES PLAINES IL	
TITLE	VPTS	☒ DELETE
NAME	NOWACK, STEPHEN C.	
STREET ADDRESS	701 LEE STREET, SUITE 1000	
CITY-ST-ZIP	DES PLAINES IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT (P) D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPS	☐ Change ☒ Addition
2.2 NAME	VALERIE GOSSMAN-MURZL	
2.3 STREET ADDRESS	4200 MUMFORD DRIVE	
2.4 CITY-ST-ZIP	HOFFMAN ESTATES, IL 60195	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	34453 N. TANGUERRAY DRIVE	
4.4 CITY-ST-ZIP	GRAYSLAKE, IL, 60030	
5.1 TITLE	EXECUTIVE VICE PRESIDENT.	☒ Change ☐ Addition
5.2 NAME	DIRECTOR	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	SECRETARY, TREASURER (ST)	Change ☒ Addition
6.2 NAME	JOHN SIMON	
6.3 STREET ADDRESS	701 LEE STREET, SUITE 1000	
6.4 CITY-ST-ZIP	DES PLAINES, IL 60016	

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 John Simon Secretary 847-803-1310

CR2E034 (9/96)