

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/16/1993	
4. FEI Number 36-3846876		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	CFO & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	VPS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT & COO & DIR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOSSMAN-MURZL, VALERIE	2.2 NAME	ALAN H. DAERENKLAU
STREET ADDRESS	4200 MUMFORD DR W.	2.3 STREET ADDRESS	701 LEE ST., STE 1000
CITY-ST-ZIP	HOFFMAN ESTATES IL	2.4 CITY-ST-ZIP	DES PLAINES, IL 60016
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	SIMON, JOHN	3.2 NAME	
STREET ADDRESS	701 LEE STREET., STE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	BRANDT, ROBERT	4.2 NAME	
STREET ADDRESS	34453 N. TANGUERARY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GRAYSLAKE IL	4.4 CITY-ST-ZIP	
TITLE	EVPD <input type="checkbox"/> DELETE	5.1 TITLE	ASST. Secretary / Officers <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIELE, DANIEL H W	5.2 NAME	JUDITH A. DORR
STREET ADDRESS	701 LEE STREET, SUITE 1000	5.3 STREET ADDRESS	701 LEE ST., STE 1000
CITY-ST-ZIP	DES PLAINES IL	5.4 CITY-ST-ZIP	DES PLAINES, IL 60016
TITLE	VPTS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	NOWACK, STEPHEN C.	6.2 NAME	
STREET ADDRESS	701 LEE STREET, SUITE 1000	6.3 STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL	6.4 CITY-ST-ZIP	

14. 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 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 13 if changed, or on an attachment with an address.

SIGNATURE: _____

KURT M. MUELLER

KURT M. MUELLER

06/16/98-1200

CR2E034 (1097)