

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90225 004 \*\*\*150.00

DOCUMENT # F94000001092

1. Corporation Name

AMERIHOST MANAGEMENT, INC.

Principal Place of Business

2400 E. DEVON AVE.  
SUITE 280  
DES PLAINES IL 60018

Mailing Address

2400 E. DEVON AVE.  
SUITE 280  
DES PLAINES IL 60018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1994

4. FEI Number

36-3733701

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

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

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 PD  
NAME HOLTZ, MICHAEL P  
STREET ADDRESS 2400 E. DEVON AVE.  
CITY-ST-ZIP DES PLAINES IL 60018 ☐ DELETE

TITLE VSTD  
NAME CERQUA, RUSSELL J  
STREET ADDRESS 2400 E. DEVON AVE.  
CITY-ST-ZIP DES PLAINES IL 60018 ☒ DELETE

TITLE D  
NAME TORCHIA, H A  
STREET ADDRESS 2400 E DEVON AVE  
CITY-ST-ZIP DES PLAINES IL 60018 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary  
1.2 NAME Craig S. Arnson  
1.3 STREET ADDRESS 2400 E DEVON AVE STE 280  
1.4 CITY-ST-ZIP DES PLAINES, IL 60018 ☐ Change ☒ Addition

2.1 TITLE Treasurer  
2.2 NAME James B. Dale  
2.3 STREET ADDRESS 2400 E. DEVON AVE., SUITE 280  
2.4 CITY-ST-ZIP DES PLAINES, IL 60018 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig S. Arnson, Secretary (847) 298-4500 1/19/99

Date

Daytime Phone #

CR2E034 (11/98)