2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9400001092 Apr 11, 2000 8:00 am Secretary of State 1. Entity Name AMERIHOST MANAGEMENT, INC. 04-11-2000 90104 001 ***450.00 Mailing Address Principal Place of Business 2400 E. DEVON AVE. 2400 E. DEVON AVE. SUITE 280 SUITE 280 DES PLAINES IL 60018-4617 DES PLAINES IL 60018 2. Principal Place of Business 3. Mailing Address 2355 S. Arlington Healts Rd Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Sinte 30ite 400 Applied For City & State 4. FEL Number 36-3733701 Not Applicable Arlinaton Heights Zillinois \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 42U 60005 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. <u>15 + D</u> TITI F ☐ Change ► Addition Michael P. Holtz TITLE Delete 🗸 ARNSON, CRAIG S NAME NAME 2355 S. Arlington Heights Rd. #400 STREET ADDRESS STREET ADDRESS 2400 E. DEVON AVE STE 280 CITY-ST-ZIP Arlmoton Heights. CITY-ST-ZIP DES PLAINES IL 60018 ☐ Delete TITLE TITLE DALE, JAMES B NAME STREET ADDRESS 2400 E. DEVON AVE STE 280 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DES PLAINES IL 60018** Addition -TITLE-Delete -TITLE-TORCHIA, H A NAME NAME 2400 E DEVON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DES PLAINES IL 60018 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.) 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered TAMES B. DALE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNA NABAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

3/22/00

847-228-5400

Daytime Phone #