

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90040 045 ***150.00

DOCUMENT # F94000001092

1. Entry Name

Arlington Hospitality Management, Inc. ✓ MC MM

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2355 S Arlington Heights Rd

Suite, Apt. #, etc.

Suite 400

City & State

Arlington Heights, IL 60005

Zip

60005

Country

US

3. Mailing Address Attn: T. Donile

2355 S. Arlington Heights Rd

Suite, Apt. #, etc.

Suite 400

City & State

Arlington Heights, IL

Zip

60005

Country

US

4. FEI Number
36-3733701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. 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

City

Tallahassee

FL

Zip Code
32301

DO NOT WRITE
IN THIS SPACE

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

Signature typed or printed (name of officer, director, or authorized agent)

(NOTE: Registered Agent signature required when a new agent is appointed)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
Michael P. Holtz
2355 S. Arlington Heights Rd #400
Arlington Heights, Illinois 60005

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SID
James B. Dale
2355 S. Arlington Heights Rd #400
Arlington Heights, Illinois 60005

TITLE
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13. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES B. DALE
Secretary

4/25/02

847-228-5400

Date

Daytime Phone #

CR2E034B (12/01)