SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 10 PM 2:11

DOCUMENT # **F94000002176 (5)**

1. Corporation Name

TRI - STATE RESTAURANTS, INC.

Principal Place of Business	Mailing Address
111 BRINSON ROAD VIDALIA GA 30474	111 BRINSON ROAD VIDALIA GA 30474

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 701 LEE STREET	26 701 LEE ST.
Suite, Apt. #, etc. 22 SUITE 1000	Suite, Apt. #, etc. 27 SUITE 1000
City & State 23 DES PLAINES, IL	City & State 28 DES PLAINES, IL
Zip 24 60016 County 25	Zip 29 60016 County 30

4. FEI Number: ~~APPLIED FOR~~ 36-3763885 ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	VICE CHMN - DEVELOPMENT	☐ Change ☐ Addition
NAME	BARNARD SR, J B	12 NAME	C. MICHAEL DOLAN	* DIRECTOR
STREET ADDRESS	111 BRINSON ROAD	13 STREET ADDRESS	3153 N FORK	
CITY-ST-ZIP	VIDALIA GA	14 CITY ST ZIP	CODY, WYOMING 82414	
TITLE	SD	21 TITLE	PRESIDENT & COO	☐ Change ☐ Addition
NAME	RATCLIFFE, THOMAS J	22 NAME	KURT M. MUELLER	* DIRECTOR
STREET ADDRESS	103 NORTH MAIN STREET	23 STREET ADDRESS	1009 ASHLAND	
CITY-ST-ZIP	HINESVILLE GA	24 CITY-ST-ZIP	WILMETTE, IL 60091	
TITLE		31 TITLE	VP, SECRETARY & TREASURER	☐ Change ☐ Addition
NAME		32 NAME	C. STEPHEN NOWACK	
STREET ADDRESS		33 STREET ADDRESS	1210 N. PINE	
CITY-ST-ZIP		34 CITY-ST-ZIP	ARLINGTON HEIGHTS, IL 60004	
TITLE		41 TITLE	VP & ASST. SECRETARY	☐ Change ☐ Addition
NAME		42 NAME	ROBERT A. LANGE	
STREET ADDRESS		43 STREET ADDRESS	10 PINE LANE	
CITY-ST-ZIP		44 CITY-ST-ZIP	HAWTHORN WOODS, IL 60047	
TITLE		51 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME		52 NAME	VALERIE GOODMAN-MUELLER	
STREET ADDRESS		53 STREET ADDRESS	4563 BURNHAM DR.	
CITY-ST-ZIP		54 CITY-ST-ZIP	HOFFMAN ESTATES, IL 60195	
TITLE		61 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME		62 NAME	DANIEL W. DANIELS	
STREET ADDRESS		63 STREET ADDRESS	1243 HOLLY COURT	
CITY-ST-ZIP		64 CITY-ST-ZIP	DOWNERS GROVE, IL 60515	

CRE034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: C Stephen Nowack C Stephen Nowack 7/13/95 708/803-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0190490 FN