

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000002176 (5)

1. Corporation Name

TRI - STATE RESTAURANTS, INC.



Principal Place of Business

Mailing Address

701 LEE ST
STE 1000
LES FLNES IL 60016
US

701 LEE ST
STE 1000
DES PLAINES IL 60016
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 **DES PLAINES, IL**

28 **DES PLAINES, IL**

24 Zip Country

29 Zip Country

25

30

3. Date Incorporated or Qualified

04/27/1994

3a. Date of Last Report

07/18/1995

4. FEI Number

36-3963885

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 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 607.1506, 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

(SEE INSTRUCTIONS) Agent's Signature at the time of filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **D**
DOLAN, C MICHAEL
STREET ADDRESS **3153 N FORK**
CITY- ST- ZIP **CODY WY**

1.2 NAME **DOLAN, C. MICHAEL**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **DCOO**
MUELLER, KURT M
STREET ADDRESS **1009 ASHLAND**
CITY- ST- ZIP **WILMETTE IL**

2.2 NAME

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **VPST**
NOWACK, C STEPHEN
STREET ADDRESS **1210 N PINE**
CITY- ST- ZIP **ARLINGTON HEIGHTS IL**

3.2 NAME

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **VPAS**
LANGE, ROBERT A
STREET ADDRESS **10 PIPER LANE**
CITY- ST- ZIP **HANTHORNE WOODS IL**

4.2 NAME

TITLE ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME **VP**
GOSSMAN-MURZEL
STREET ADDRESS **4553 BURNHAM DR**
CITY- ST- ZIP **HOFFMAN ESTATES IL**

5.2 NAME **GOSSMAN-MURZEL, VALERIE**

TITLE ☐ DELETE

6.1 TITLE ☒ Change ☐ Addition

NAME **D**
DANIELE, DANIEL W
STREET ADDRESS **1243 HOLLY CT**
CITY- ST- ZIP **DOWNERS GROVE IL**

6.2 NAME **DANIELE, DANIEL W.**

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-96

947/903-1200

CR2E034 (12/95)