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Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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<br>STE 1000<br>DES PLAINES IL 60016<br>US | 701 LEE ST<br>STE 1000<br>DES PLAINES IL 60016-4555<br>US |

3. Date Incorporated or Qualified: **04/27/1994**
3a. Date of Last Report: **05/20/1996**
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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

**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, Officer or 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 | D | ☒ DELETE | 1.1 TITLE | (D)(P) | ☐ Change ☒ Addition |
| NAME | DOLAN, C. M | | 1.2 NAME | PAUL F. WALLACE. | |
| STREET ADDRESS | 3153 N FORK | | 1.3 STREET ADDRESS | 888 7TH AVE. STE. #3400 | |
| CITY-ST-ZIP | CODY WY | | 1.4 CITY-ST-ZIP | NEW YORK, NEW YORK 10106 | |
| TITLE | DCOO | ☒ DELETE | 2.1 TITLE | (VP) (D) | ☐ Change ☒ Addition |
| NAME | MUELLER, KURT M | | 2.2 NAME | JUDITH A. BORY | |
| STREET ADDRESS | 1009 ASHLAND | | 2.3 STREET ADDRESS | 888 7TH AVE. STE. #3400 | |
| CITY-ST-ZIP | WILMETTE IL | | 2.4 CITY-ST-ZIP | NEW YORK, NY 10106 | |
| TITLE | VPST | ☒ DELETE | 3.1 TITLE | (VP) (D) | ☐ Change ☒ Addition |
| NAME | NOWACK, C STEPHEN | | 3.2 NAME | MICHAEL MOLLOY | |
| STREET ADDRESS | 1210 N PINE | | 3.3 STREET ADDRESS | 888 7TH AVE. STE. # 3400 | |
| CITY-ST-ZIP | ARLINGTON HEIGHTS IL | | 3.4 CITY-ST-ZIP | NEW YORK, NY 10106 | |
| TITLE | VPAS | ☒ DELETE | 4.1 TITLE | (S) | ☐ Change ☒ Addition |
| NAME | LANGE, ROBERT A | | 4.2 NAME | ANTONINA L. SOTO | |
| STREET ADDRESS | 10 PIPER LANE | | 4.3 STREET ADDRESS | 888 7TH AVE. STE. #3400 | |
| CITY-ST-ZIP | HANTHORNE WOODS IL | | 4.4 CITY-ST-ZIP | NEW YORK, NY 10106 | |
| TITLE | VP | ☒ DELETE | 5.1 TITLE | (T)(CAS) | ☐ Change ☐ Addition |
| NAME | GOSSMAN-MURZL, VALERIE | | 5.2 NAME | KEVIN COLLINS | |
| STREET ADDRESS | 4553 BURNHAM DR | | 5.3 STREET ADDRESS | 888 7TH AVE. STE. #3400 | |
| CITY-ST-ZIP | HOFFMAN ESTATES IL | | 5.4 CITY-ST-ZIP | NEW YORK, NY 10106 | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DANIELE, DANIEL W | | 6.2 NAME | | |
| STREET ADDRESS | 1243 HOLLY CT | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DOWNERS GROVE IL | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

**14.** I do 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.

**SIGNATURE:** John Simon 2/28/97 847-803-1200