

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90238 001 \*\*\*150.00

DOCUMENT # F94000002176

1. Corporation Name

TRI - STATE RESTAURANTS, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1994

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	BAER	<input type="checkbox"/> DELETE
NAME	ENKLAY, ALAN H.	
STREET ADDRESS	430 N. WESTERN AVE	
CITY-ST-ZIP	LAKE FOREST FL 60045	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BURY, JUDITH A	
STREET ADDRESS	888 7TH AVE STE 3400	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DANIELE, DANIEL W.	
STREET ADDRESS	1243 HOLLY COURT	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SIVON, JOHN	
STREET ADDRESS	3037 HUNTINGTON DR	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60004	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	BRANDT, ROBERT	
STREET ADDRESS	34453 N. TANGUERAY DR	
CITY-ST-ZIP	GRAYSLAKE IL 60030	
TITLE	CFOD	<input type="checkbox"/> DELETE
NAME	MUELLER, KURT M.	
STREET ADDRESS	1009 ASHLAND	
CITY-ST-ZIP	WILMETTE IL 60091	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PECOO AND DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BAERENKLAW, ALAN H	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SENIOR VP & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD GERHART	
2.3 STREET ADDRESS	4 QUEENSWAY	
2.4 CITY-ST-ZIP	LINCOLNSHIRE, IL 60069	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANNE BINNS	
3.3 STREET ADDRESS	2028 STANTON COURT	
3.4 CITY-ST-ZIP	ARLINGTON HTS, IL 60004	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *Kurt M. Mueller* RECORDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/99

Daytime Phone #

847/803-1200

CR2E034 (11/98)