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C T CORPORATION SYSTEM		
Requestor's Name		
660 East Jefferson Stree	t	
Address		(T)
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9	Phone 04-222-1092 ION(8) NAME	*****78.75 *****78.75
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9 Profit		- 5
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) Limited Liability Compan		<u> </u>
) Foreign	() Dissolution/Withdre	awal () Mark 돌 등
) Limited Partnership	() Annual Report	() Other ∞
) Reinstatement	() Reservation	() Change of R.A.
) Certified Copy	() Photo Copies	() Fictitious Name
Call When Ready	() Call if Problem	() After 4:30
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CR2E031 (1-89)

W.P. Verifier

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

2	of a natural person or partnership if not so contained in the name at Delaware (State or country under the law of which it is incorporated)	•	36-405701 (FEI number,	8 5	
	(State or country under the law of which it is incorporated)		(FEI number,	if applic	IN I
4	(Date of Incorporation) Upon acceptance and approval of this application		·	-0	- 독년 - 독년
	(Date of Incorporation) (Duration: Year corp. will cear	80 to 6	xist or "perpe	tual") 🙀	男の
6	Upon acceptance and approval of this application			2	
	(Date first transacted business in Florida. (See sections 607.1501, 6	307.15	02 and 817.1	56, F.S.	1)
7.	701 Lee Street, Suite #1000				
	Des Plaines, IL 60016				
	(Current mailing address)			-	
8.	To engage in any lauful set or activity for which or	orpor	ations may	be orga	nized
	(Purpose(s) of corporation authorized in home state or country to be of Florida)	erried	out in the sta	te of	
9.	Name and street address of Florida registered agent:	erried	out in the sta	te of	
9.	Florida)	carried	out in the sta	te of	
9.	Name and street address of Florida registered agent:				
9.	Name and street address of Florida registered agent: Name: <u>C T CORPORATION SYSTEM</u> Office Address: <u>c/o C T Corporation System</u> , 1200 S	South	Pine Island F		
	Name and street address of Florida registered agent: Name: <u>C T CORPORATION SYSTEM</u> Office Address: <u>c/o C T Corporation System</u> , 1200 S	South 324	Pine Island F		

CT CORPORATION SYSTEM

(Registered agent's signature) (Officer)

(Type Name and Title of Officer)

SPECIAL ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated,

12. Names and addresses of officers and/or directors:

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	Chairman	: (800	attached	aneot t	or lint	or orricars	and directors
	' Address:		, 		**************************************	•	
	Vice Chai	 rman:	soo atta	chad			41 - 1 - 11 - 11 - 1 - 1 - 1 - 1 - 1 - 1
	Address:						
			tached		·-···		
	Director:	200 40					<u></u>
	Address:	····					
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	<u>Director:</u>	see att	a ched				
	Address: _						· · · · · · · · · · · · · · · · · · ·
			·		•		
₿.	OFFICERS						
	President:	see at	tached				
	Address: _	<u> </u>			_		· · · · · · · · · · · · · · · · · · ·
		······································			•		
	Vice Presid	lent:	e attache	đ		·	
	Secretary:	see at	trached				
	Address: _					<u> </u>	

	Treasurer:	dee attached	:		
•	Address:			:	— .
	A001033				
NOTE: and/or	If necessary, you directors.	may attach an adden	dum to the applica	ation listing additional	officer
	C. Steph				
(Sig	hature of Chairman, V	ice Chairman, or any of	ficer listed in numbe	r 12 of the application)	
14, <u>c.</u>	Stophen Nowack -	Vice Promident, S	ocrotary and Tree	asuror	
.(Typ	ed or printed name an	d capacity of person cl	gning application)		

CENTRAL PARK MOTEL CORP. - A DELAWARE CORPORATION

DATE OF INCORPORATION: FEDERAL TAX ID NUMBER:

01/10/96

AUTHORIZED SHARES:

36-4057018 1,000 Common with \$1,00 Par Value

ISSUED SHARES:

Par Value

BOARD OF DIRECTORS:

IF 96

C. MICHAEL DOLAN

Address:

3153 North Fork, P.O. Box 2530, Cody, 28

556-54-2077

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KURT M. MUELLER

Address:

1009 Ashland, Wilmette, IL 60091

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Social Security #:

352-38-5966

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DANIEL W. DANIELE

Address:

1243 Holly Court, Downers Grove, IL 60515

Social Security #:

Social Security #:

339-48-6657

OFFICERS:

TITLE:

C. MICHAEL DOLAN

Chairman

KURT M. MUELLER

President & Chief Operating Officer

DANIEL W. DANIELE

Executive Vice President

C. STEPHEN NOWACK

Title:

Vice President, Secretary & Treasurer

Address:

1210 North Pine, Arlington Heights, IL 60004

Social Security #:

333-56-1270

ROBERT LANGE

Title:

Vice President, & Assistant Secretary

Address:

10 Piper Lane, Hawthorne Woods, IL 60047

Social Security #:

391-48-9947

VALERIE GOSSMAN-MURZL

Title:

Vice President

Address:

4553 Burnham Dr., Hoffman Estates, IL 60195

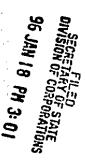
Social Security #:

135-44-9459

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTRAL PARK MOTEL CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JANUARY, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Edward J. Freel, Secretary of State

AUTHENTICATION:

7790382

DATE:

01-16-96