FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 19 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 # **F96000000312 (6)**

1. Corporate Name
CENTRAL PARK MOTEL CORP.

Principal Place of Business
701 LEE STREET, SUITE #1000
DES PLAINES IL 60016

Mailing Address
701 LEE STREET, SUITE #1000
DES PLAINES IL 60016-4555

3. Date Incorporated or Qualified: **01/18/1996**
3a. Date of Last Report:
4. FEI Number: **36-4057018** ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
CD	☒ DELETE	1.1 TITLE	Assistant SECRETARY	☐ Change ☒ Addition
DOLAN, C M		1.2 NAME	JUDITH BORY	
3153 NORTH FORK, P.O. BOX 2530		1.3 STREET ADDRESS	65-50 Admiral Ave	
CODY WY 82414		1.4 CITY-ST-ZIP	Middle Village NY 11379	
PCOO	☐ DELETE	2.1 TITLE	DIRECTOR/PCOO	☒ Change ☐ Addition
MUELLER, KURT M		2.2 NAME		
1009 ASHLAND		2.3 STREET ADDRESS		
WILMETTE IL 60091		2.4 CITY-ST-ZIP		
EVD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
DANIELE, DANIEL W		3.2 NAME		
1243 HOLLY COURT		3.3 STREET ADDRESS		
DOWNERS GROVE IL 60515		3.4 CITY-ST-ZIP		
VST	☒ DELETE	4.1 TITLE	TREASURER/SECRETARY	☐ Change ☒ Addition
NOWACK, C S		4.2 NAME	JOHN SIMON	
1210 NORTH PINE		4.3 STREET ADDRESS	3037 HUNTINGTON DRIVE	
ARLINGTON HEIGHTS IL 60004		4.4 CITY-ST-ZIP	ARLINGTON HEIGHTS, IL 60004	
VAS	☒ DELETE	5.1 TITLE	VICE PRESIDENT/ASST. SEC.	☐ Change ☒ Addition
LANGE, ROBERT		5.2 NAME	ROBERT BRANDT	
10 PIPER LANE		5.3 STREET ADDRESS	34453 N. TANGUERAY DRIVE	
HAWTHORNE WOODS IL 60047		5.4 CITY-ST-ZIP	GRAYSLAKE, IL. 60030	
V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
GOSSMAN-MURZL, VALERIE		6.2 NAME		
4553 BURNHAM DR.		6.3 STREET ADDRESS		
HOFFMAN ESTATES IL 60195		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: /s/ John Simon John Simon 2/28/97 847-803-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481358