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FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000312 (6)

1. Corporation 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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1996

4. FEI Number

36-4057018

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 607.1508, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AS
NAME BORY, JUDITH
STREET ADDRESS 6550 ADMIRAL AVE
CITY - ST - ZIP MIDDLE VILLAGE NY ☐ DELETE

TITLE PD
NAME MUELLER, KURT M
STREET ADDRESS 1009 ASHLAND
CITY - ST - ZIP WILMETTE IL ☐ DELETE

TITLE EVO
NAME DANIELE, DANIEL W
STREET ADDRESS 1243 HOLLY COURT
CITY - ST - ZIP DOWNERS GROVE IL ☒ DELETE

TITLE ST
NAME SIMON, JOHN
STREET ADDRESS 3037 HUNTINGTON DRIVE
CITY - ST - ZIP ARLINGTON HEIGHTS IL ☐ DELETE

TITLE VS
NAME BRANDT, ROBERT
STREET ADDRESS 34453 NO TANGUERY DRIVE
CITY - ST - ZIP GRAYSLAKE IL ☐ DELETE

TITLE V
NAME GOSSMAN-MURZL, VALERIE
STREET ADDRESS 4553 BURNHAM DR.
CITY - ST - ZIP HOFFMAN ESTATES IL 60185 ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Kurt M. Mueller

4/27/98

(847) 803-1200

CR2E034 (10/97)