

Document Number Only

F96000005674

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

CORPORATION(S) NAME

700001993547--0  
-11/01/96--01005--030  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

700001993547--0  
-11/01/96--01005--031  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

MOA - C.S. Corp.

- ☒ Profit  
☐ NonProfit  
☐ Limited Liability Company  
☒ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Limited Liability Partnership  
☐ Certified Copy  
☐ Call When Ready  
☒ Walk In  
☐ Mail Out
- ☐ Amendment  
☐ Dissolution/Withdrawal  
☐ Annual Report  
☐ Reservation  
☐ Photo Copies  
☐ Call if Problem  
☐ Will Wait
- ☐ Merger  
☐ Mark  
☐ Other  
☐ Change of R.A.  
☐ Fictitious Name  
☒ CUS  
☐ After 4:30  
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93 OCT 1 PM 2:41  
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## 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:

1. MOA-CS CORP.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware

(State or country under the law of which it is incorporated)

3. 36-4110656

(FEI number, if applicable)

4. 10/25/96

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.156, F.S.))

7. 701 LEE STREET SUITE 1000

DES PLAINES, IL 60016

(Current mailing address)

8. MOTEL OWNERSHIP

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine  
Island Road

Plantation, Florida, 33324

(Zip Code)

10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System

[Signature]  
(Registered agent's signature) (Officer)

BOB A POPE, Assistant Secretary  
(Type Name and Title of Officer)

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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:

A. DIRECTORS

Chairman: See attached list of directors

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: See attached list of directors

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: See attached list of directors

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS

President: See attached list of officers

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. John D. Simon  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JOHN D. SIMON, TREASURER & SECRETARY  
(Typed or printed name and capacity of person signing application)

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**MOA-CS CORP. -- A DELAWARE CORPORATION**

DATE OF INCORPORATION: 10-25-96  
FEDERAL TAX ID NUMBER: 36-4110656  
AUTHORIZED SHARES: 1,000 COMMON WITH \$1 PAR VALUE  
ISSUED SHARES: 1,000

**BOARD OF DIRECTORS**

<u>NAME</u>	<u>ADDRESS</u>	<u>SOC SEC #</u>
KURT M. MUELLER	1009 ASHLAND WILMETTE, IL 60091	352-38-5966
DANIEL W. DANIELE	1243 HOLLY COURT DOWNERS GROVE, IL 60515	339-48-6657
JOHN D. SIMON	3037 HUNTINGTON DR ARLINGTON HTS, IL 60004	327-40-7030

**OFFICERS**

<u>NAME</u>	<u>TITLE</u>
KURT M. MUELLER	PRESIDENT & CHIEF OPERATING OFFICER
DANIEL W. DANIELE	EXECUTIVE VICE PRESIDENT
JOHN D. SIMON	SECRETARY & TREASURER
ROBERT BRANDT	VICE PRESIDENT & ASSISTANT SECRETARY 1989 MADISON AVE, GURNEE, IL 60031 SS# 391-48-9947
VALERIE GOSSMAN-MURZL	VICE PRESIDENT & ASSISTANT SECRETARY 4553 BURNHAM DR, HOFFMAN ESTATES, IL 60195 SS#135-44-9459

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*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOA-CS 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 TWENTY-NINTH DAY OF OCTOBER, A.D. 1996.

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

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*Edward J. Freel*  
\_\_\_\_\_  
Edward J. Freel, Secretary of State

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AUTHENTICATION:

8167689

DATE:

10-29-96