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FILED

Apr 08 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 # P06211 (7)

1. Corporation Name
LANE HOTELS, INC.

Principal Place of Business
1200 SHERMER ROAD
ONE LANE CENTER
NORTHBROOK IL 60062-4500

Mailing Address
1200 SHERMER ROAD
ONE LANE CENTER
NORTHBROOK IL 60062-4500



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
05/29/1985

3a. Date of Last Report
05/01/1996

4. FEI Number

36-3087906

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

9. Name and Address of Current Registered Agent

CT 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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	LANE, WILLIAM N. III	
STREET ADDRESS	1200 SHERMER ROAD	
CITY - ST - ZIP	NORTHBROOK IL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KALEBIC, THOMAS V.	
STREET ADDRESS	1200 SHERMER ROAD	
CITY - ST - ZIP	NORTHBROOK IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIJOS, JOHN P	
STREET ADDRESS	1200 SHERMER RD.	
CITY - ST - ZIP	NORTHBROOK IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHILLER, ARTHUR J.	
STREET ADDRESS	1200 SHERMER ROAD	
CITY - ST - ZIP	NORTHBROOK IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DONAHUE, MICHAEL R.	
STREET ADDRESS	1200 SHERMER RD	
CITY - ST - ZIP	NORTHBROOK IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHORY, SCOTT R	
STREET ADDRESS	1200 SHERMER ROAD	
CITY - ST - ZIP	NORTHBROOK IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

JOHN P. RIJOS

3/24/97

847/498-6789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)