# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 8:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P15233 (0)

1. Corporation Name
MOTELS OF AMERICA INC., A DELAWARE CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 701 LEE ST. SUITE 530<br>DES PLAINES IL 60016<br>US | 701 LEE ST. SUITE 530<br>DES PLAINES IL 60016<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1987
3a. Date of Last Report: 03/29/1994
4. FEI Number: 33-0166914 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

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

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 SAME
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ~~VCO~~ | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | ~~RIEDEL, CHARLES A. SR.~~ | 1.2 NAME | * DELETE |
| STREET ADDRESS | ~~543 BRIER STR~~ | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ~~KENILWORTH IL~~ | 1.4 CITY-ST-ZIP | |
| TITLE | CEO | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | DOLAN, C. MICHAEL | 2.2 NAME | |
| STREET ADDRESS | P O BOX 2530 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CODY WY | 2.4 CITY-ST-ZIP | |
| TITLE | VP | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | MUELLER, KURT M. | 3.2 NAME | |
| STREET ADDRESS | 1009 ASHLAND | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WILMETTE IL | 3.4 CITY-ST-ZIP | |
| TITLE | VP | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | NOWACK, C. STEPHEN | 4.2 NAME | |
| STREET ADDRESS | 1210 N. PINE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ARLINGTON HEIGHTS IL | 4.4 CITY-ST-ZIP | |
| TITLE | AS | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | LANGE, ROBERT | 5.2 NAME | |
| STREET ADDRESS | 10 PIPER LANE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | HAWTHORNE WOODS IL | 5.4 CITY-ST-ZIP | |
| TITLE | VP | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | GOSSMAN-MURZL, VALERIE | 6.2 NAME | |
| STREET ADDRESS | 4553 BURNHAM DR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOFFMAN ESTATES IL | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: C. Stephen Nowack 6/30/95 (708) 803-1250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #