

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P15233 (0)
1. Corporation Name
MOTELS OF AMERICA INC., A DELAWARE CORPORATION



Principal Place of Business
**701 LEE ST. SUITE 530
DES PLAINES IL 60016
US**

Mailing Address
**701 LEE ST. SUITE 530
DES PLAINES IL 60016
US**

3. Date Incorporated or Qualified
07/17/1987

3a. Date of Last Report
07/07/1995

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**

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 **SUITE 1000**
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 **SUITE 1000**
City & State
28
Zip
29
Country
30

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, typed or printed name of registered agent with title and address

(If the Registered Agent is not a corporation, the name and address of the corporation must be typed or printed on the back of this form.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
CEO	DOLAN, C. MICHAEL	P O BOX 2530	CODY WY	☐
VP	MUELLER, KURT M.	1009 ASHLAND	WILMETTE IL	☐
VP	NOWACK, C. STEPHEN	1210 N. PINE	ARLINGTON HEIGHTS IL	☐
AS	LANGE, ROBERT	10 PIPER LANE	HAWTHORNE WOODS IL	☐
VP	GOSSMAN-MURZL, VALERIE	4553 BURNHAM DR	HOFFMAN ESTATES IL	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
VC-D	DOLAN, C. MICHAEL	701 LEE ST SUITE 1000	DES PLAINES IL 60016	☒
	PAUL WALLACE	888 7th Ave.	Suite 3400 New York, NY 10106	☐ Change ☒
	DANIEL W. DANIELE - VP	1243 HOLLY COURT	DOWNERS GROVE, IL 60515	☐ Change ☒
	JUDITH A. BORY - AS	65-50 ADMIRAL AVE.	MIDDLE VILLAGE, NY 11379	☐ Change ☒
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

100001873391
-06/24/96--01041--046
*****225.00**

06-24-96 OR

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
C. Stephen Nowack

5-10-96 847/803-1200
DATE DAY AND PHONE

CR2E034 (12/95)