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FILED
Mar 19 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 # P15233 (0)
1. Corporation Name
MOTELS OF AMERICA INC., A DELAWARE CORPORATION

Principal Place of Business

701 LEE ST., STE 1000
DES PLAINES IL 60016
US

Mailing Address

701 LEE ST., STE 1000
DES PLAINES IL 60016-4555
US



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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified
07/17/1987

3a. Date of Last Report
06/24/1996

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

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 of registered agent or officer and director, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VCD	☒ DELETE
NAME	DOLAN, C. MICHAEL	
STREET ADDRESS	701 LEE ST., STE 1000	
CITY-STATE-ZIP	DES PLAINES IL 60016	
TITLE	VP	☐ DELETE
NAME	MUELLER, KURT M.	
STREET ADDRESS	1009 ASHLAND	
CITY-STATE-ZIP	WILMETTE IL	
TITLE	VP	☒ DELETE
NAME	NOWACK, C. STEPHEN	
STREET ADDRESS	1210 N. PINE	
CITY-STATE-ZIP	ARLINGTON HEIGHTS IL	
TITLE	AS	☒ DELETE
NAME	LANGE, ROBERT	
STREET ADDRESS	10 PIPER LANE	
CITY-STATE-ZIP	HAWTHORNE WOODS IL	
TITLE	VP	☐ DELETE
NAME	GOSSMAN-MURZL, VALERIE	
STREET ADDRESS	4553 BURNHAM DR	
CITY-STATE-ZIP	HOFFMAN ESTATES IL	
TITLE	CEOD	☐ DELETE
NAME	WALLACE, PAUL	
STREET ADDRESS	888 7 AVE, STE 3400	
CITY-STATE-ZIP	NEW YORK NY 10108	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	(VP) VICE PRESIDENT	☐ Change ☒ Addition
1.2 NAME	ROBERT BRANDT	
1.3 STREET ADDRESS	189 MADISON AVE	
1.4 CITY-STATE-ZIP	GURNEE, IL 60031	
2.1 TITLE	(P) PRESIDENT	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	(ST) JOHN SIMON	☐ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS	2037 HUNTINGTON DRIVE	
3.4 CITY-STATE-ZIP	ARLINGTON HEIGHTS, IL 60004	
4.1 TITLE	(VP) VICE PRESIDENT	☐ Change ☒ Addition
4.2 NAME	DANIEL W DANIELE	
4.3 STREET ADDRESS	1243 HOLLY COURT	
4.4 CITY-STATE-ZIP	BURNERS GROVE, IL 60515	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 is based 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 Simon John Simon 2/28/97

847 803-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Block

0481352

CR2E034 (9/96)