


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90237 045 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P15233

1. Corporation Name  
MOA HOSPITALITY, INC.

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  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/17/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 33-0166914	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	SENIOR VP & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANDT, ROBERT	1.2 NAME	RICHARD GERHART
STREET ADDRESS	1989 MADISON AVE	1.3 STREET ADDRESS	H QUEENSWAY
CITY-ST-ZIP	GURNEE IL	1.4 CITY-ST-ZIP	LINCOLNSHIRE, IL 60069
TITLE	CFOD <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUELLER, KURT M.	2.2 NAME	ANN BINNS
STREET ADDRESS	1009 ASHLAND	2.3 STREET ADDRESS	2028 STANTON COURT
CITY-ST-ZIP	WILMETTE IL	2.4 CITY-ST-ZIP	ARLINGTON HTS, IL 60004
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMON, JOHN	3.2 NAME	CARL W. DESCH
STREET ADDRESS	2037 HUNTINGTON DRIVE	3.3 STREET ADDRESS	121 WILSON STREET
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	3.4 CITY-ST-ZIP	GARDEN CITY, NY 11530
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELE, DANIEL W	4.2 NAME	
STREET ADDRESS	1243 HOLLY COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNS GROVE IL	4.4 CITY-ST-ZIP	
TITLE	PCD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAERENKLAU, ALAN H	5.2 NAME	
STREET ADDRESS	430 N WESTERN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL 60045	5.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, PAUL	6.2 NAME	
STREET ADDRESS	888 7 AVE, STE 3400	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10106	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: X

 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

847/803-1200

Daytime Phone #

CR2E034 (11/98)