

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 23, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90485 001 \*\*\*300.00

**DOCUMENT # P15233**

1. Entity 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 60018  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **33-0166914**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BRANDT, ROBERT	
STREET ADDRESS	1989 MADISON AVE	
CITY-ST-ZIP	GURNEE IL	
TITLE	CFOD	<input type="checkbox"/> Delete
NAME	MUELLER, KURT M.	
STREET ADDRESS	1009 ASHLAND	
CITY-ST-ZIP	WILMETTE IL	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	GERHART, RICHARD	
STREET ADDRESS	4 QUEENSWAY	
CITY-ST-ZIP	LINCOLNSHIRE IL 60069	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BINNS, ANN	
STREET ADDRESS	2028 STANTON COURT	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60004	
TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	BAERENKLAU, ALAN H	
STREET ADDRESS	430 N WESTERN AVE	
CITY-ST-ZIP	LAKE FOREST IL 60045	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	WALLACE, PAUL	
STREET ADDRESS	888 7 AVE, STE 3400	
CITY-ST-ZIP	NEW YORK NY 10106	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Asst Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judith Boyd	
STREET ADDRESS	6550 Admiral Ave	
CITY-ST-ZIP	Middle Village, NY 11379	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blane P. Evans	
STREET ADDRESS	4550 W. 150th ST	
CITY-ST-ZIP	Midlothian, IL 60445	
TITLE	Lawrence Lopater	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	18 Whitewood	
STREET ADDRESS	North Hills, NY 11576	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)