



2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 60016 US

FILED

05 MAY -5 PM 12: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number
33-0166914

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD MUELLER, KURT M. 1009 ASHLAND WILMETTE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EVANS, BLANE P 4550 W 150TH STREET MIDLOTHIAN, IL 60445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPATER, LAWRENCE 18 WHITEWOOD NORTH HILLS, NY 11576
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BORG, JUDITH 358 CAROL DRIVE MASSAPEQUA PARK, NY 11762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD WALLACE, PAUL 888 7 AVE, STE 3400 NEW YORK, NY 10106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

05/04/05-80152-008 900.00

600054529296
05/13/05--01066--014 **900.00

DO NOT WRITE
IN THIS SPACE

8/5/12

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Blane P. Evans

Blane P. Evans

4/1/05

847 803 1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #