2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 18, 2008 8:00 am Secretary of State DOCUMENT # P15233 1. Entity Name 02-18-2008 90004 002 ***150 00 MOA HOSPITALITY, INC. Mailing Address Principal Place of Business 156 WEST 56TH STREET 701 LEE ST., STE 1000 SUITE 1604 NEW YORK NY 10019 DES PLAINES IL 60016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEi Number 33-0166914 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NATIONAL CORP RESEARCH LTD. INC. Street Address (P.O. Box Number is Not Acceptable) 515 EAST PARK AVE PLANTATION FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered attent and the Tapphoodia. (NOTE Registered Agor Legibilium required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE TITLE ☐ Change Addition MUELLER, KURT M. HAME NAME STREET ADDRESS 1009 ASHLAND STREET ADDRESS CITY-ST-ZIP WILMETTE IL CITY-ST-ZIP TITLE ST Darete TITLE □ Change Addition NAME EVANS, BLANE P NAME STREET ADDRESS STREET ADDRESS 4550 W 150TH STREET CITY-ST-ZIP MIDLOTHIAN IL 60445 CITY-ST-7IP TITLE VΡ Defete TITLE Change Addition 110145 LOPATER, LAWRENCE NAME STREET ADDRESS STREET ADDRESS 18 WHITEWOOD CITY-ST-7IP CITY-ST-ZIP NORTH HILLS NY 11576 AS Delete THEF ★ Change ☐ Addition BORG, JUDITH BORY, JUDITH NAME NAME 358 CAROL DRIVE STREET ADDRESS STREET ADDRESS City-St-ZIP MASSAPEQUA PARK NY 11762 CITY-ST-ZIP CFOD TITLE TITLE □ Change ☐ Addition ₩ Delele WALLACE, PAUL NAME NAME 888 7 AVE, STE 3400 STREET ADDRESS STREET ADDRESS NEW YORK NY 10106 CITY-ST-ZIP CITY-S1-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS 0107-01-719 DITY - ST-- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 efficer 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 it changed, or on an attachment with an address, with all other like empowered.

Judith Bory

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