SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 18 AM 8:14

DOCUMENT # **P22331** **(3)**

1. Corporation Name

TRI-STATE INNS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 645 VIDALIA GA 30474	P.O. BOX 645 VIDALIA GA 30474

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/29/1988**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business
21 **701 LEE ST.**
22 Suite, Apt. #, etc. **STE. 1000**
23 City & State **DES PLAINES, IL**
24 Zip **60016** 25 County

2a. Mailing Address
26 **701 LEE ST.**
27 Suite, Apt. #, etc. **STE. 1000**
28 City & State **DES PLAINES, IL**
29 Zip **60016** 30 County

4. FEI Number **58-1669813** ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	11 TITLE	VICE CHMN - DEVELOPMENT	☑ Change ☐ Addition
NAME	BARNARD, J.B.	12 NAME	C. MICHAEL DOLAN * DIRECTOR	
STREET ADDRESS	1110 SPRUCE ST	13 STREET ADDRESS	3153 N FORK	
CITY-ST-ZIP	HINESVILLE GA	14 CITY-ST-ZIP	CODY, WY 82414	
TITLE	SD	21 TITLE	PRESIDENT & COO	☑ Change ☐ Addition
NAME	RATCLIFFE, THOMAS J., JR	22 NAME	KURT M. MUELLER * DIRECTOR	
STREET ADDRESS	103 N. MAIN ST.	23 STREET ADDRESS	1009 ASHLAND	
CITY-ST-ZIP	HINESVILLE GA	24 CITY-ST-ZIP	WILMETTE, IL 60091	
TITLE	T	31 TITLE	VP, SECRETARY & TREASURER	☑ Change ☐ Addition
NAME	DALTON, LEWAYNE	32 NAME	C. STEPHEN NOWACK	
STREET ADDRESS	3158 WARRIOR RD	33 STREET ADDRESS	1210 N. PINE	
CITY-ST-ZIP	WAYCROSS GA	34 CITY-ST-ZIP	ARLINGTON HEIGHTS, IL 60004	
TITLE	D	41 TITLE	VP & ASST. SECRETARY	☑ Change ☐ Addition
NAME	LOTT, FRANCIS M.	42 NAME	ROBERT A. LANGE	
STREET ADDRESS	P.O. BOX 269 N/A	43 STREET ADDRESS	10 PIPER LANE	
CITY-ST-ZIP	DOUGLAS GA	44 CITY-ST-ZIP	MAWTHORN WOODS, IL 60047	
TITLE	D	51 TITLE	VP	☑ Change ☐ Addition
NAME	ANDERSON, S.S., JR.	52 NAME	VALERIE GOSSMAN-MUREL	
STREET ADDRESS	P.O. BOX 159 N/A	53 STREET ADDRESS	4553 BURNHAM DR.	
CITY-ST-ZIP	FITZGERALD GA	54 CITY-ST-ZIP	HOFFMAN ESTATES, IL 60195	
TITLE	D	61 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	CONNER, DELMAR J.	62 NAME	DANIEL N. DANIELS	
STREET ADDRESS	P.O. BOX 407 N/A	63 STREET ADDRESS	1243 HOLLY COURT	
CITY-ST-ZIP	HAWKINSVILLE GA	64 CITY-ST-ZIP	DOWNERS GROVE, IL 60515	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: C. Stephen Nowack C. Stephen Nowack 7/13/95 708/803-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0180484 FN