FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

TRI-STATE INNS, INC.

Principal Place of Business	Mailing Address
701 LEE ST STE 1000 DES PLAINES IL 60016 US	701 LEE ST STE 1000 DES PLAINES IL 60016 US

3. Date Incorporated or Qualified: **12/29/1988**
3a. Date of Last Report: **07/18/1995**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

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 _____ (Signature, typed or printed name of registered agent, and title if applicable) (Both Registered Agent signatures required when filing to change) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DOLAN, C MICHEAL		1.2 NAME		
STREET ADDRESS	3153 N FORK		1.3 STREET ADDRESS		
CITY-ST-ZIP	CODY WY		1.4 CITY-ST-ZIP		
TITLE	DCOO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MUELLER, KURT M		2.2 NAME		
STREET ADDRESS	1009 ASHLAND		2.3 STREET ADDRESS		
CITY-ST-ZIP	WILMETTE IL		2.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	NOWAACK, C STEPEHN		3.2 NAME	NOWACK, C. STEPHEN	
STREET ADDRESS	1210 N PINE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON HEIGHTS IL		3.4 CITY-ST-ZIP		
TITLE	VPAS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LANGE, ROBERT A		4.2 NAME		
STREET ADDRESS	10 PIPER LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HAWTHORNE WOODS IL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GROSSMAN-MURZEL, VALERIE		5.2 NAME		
STREET ADDRESS	4553 BURNHAM DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	HUFFMAN STATES IL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	DANIELE, DNAIEL W		6.2 NAME	DANIELE, DANIEL W	
STREET ADDRESS	1243 HOLLY CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	DOWNERS GROVE I		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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 — 5-13-96 — 847/803-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C. Stephen Nowack