FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 60016-4555 US

3. Date Incorporated or Qualified: 12/29/1988	3a. Date of Last Report: 05/20/1996
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	

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — Zip — 24 — Country — 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — Zip — 29 — Country — 30

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 Section 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 of the person appointed to be registered agent — (NOTE: Registered Agent's signature required when reinstating) — 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	(P) PRESIDENT/(COO) (D)	☒ 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	(T)(S)(D)	☐ Change ☒ Addition
NAME: NOWACK, C. S		3.2 NAME	JOHN SIMON	
STREET ADDRESS: 1210 N PINE		3.3 STREET ADDRESS	3037 HUNTINGTON DRIVE	
CITY-ST-ZIP: ARLINGTON HEIGHTS IL		3.4 CITY-ST-ZIP	ARLINGTON HEIGHTS, IL. 60004	
TITLE: VPAS	☒ DELETE	4.1 TITLE	VPAS	☐ Change ☒ Addition
NAME: LANGE, ROBERT A		4.2 NAME	ROBERT BRANDT	
STREET ADDRESS: 10 PIPER LANE		4.3 STREET ADDRESS	34453 N. TANGLEBRIAR DRIVE.	
CITY-ST-ZIP: HAWTHORNE WOODS IL		4.4 CITY-ST-ZIP	GRAYSLAKE, IL. 60030	
TITLE: VP	☐ DELETE	5.1 TITLE	VPAS	☒ 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	EVD	☒ Change ☐ Addition
NAME: DANIELE, DANIEL W		6.2 NAME		
STREET ADDRESS: 1243 HOLLY CT		6.3 STREET ADDRESS		
CITY-ST-ZIP: DOWNERS GROVE I		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. 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 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 added by attachment with an address.

SIGNATURE: John Simon John Simon 2/28/97 (847)803-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481349