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FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
701 LEE ST
STE 1000
DES PLAINES IL 60016
US

Mailing Address
701 LEE ST
STE 1000
DES PLAINES IL 60016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/29/1988

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCOD ☐ DELETE
NAME MUELLER, KURT M
STREET ADDRESS 1009 ASHLAND
CITY-ST-ZIP WILMETTE IL

1.1 TITLE CFO / DIR. ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TSD ☐ DELETE
NAME SIMON, JOHN
STREET ADDRESS 3037 HUNTINGTON DR
CITY-ST-ZIP ARLINGTON HEIGHTS IL

2.1 TITLE TS ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPAS ☐ DELETE
NAME BRANDT, ROBERT
STREET ADDRESS 34453 N TANGUERY DR
CITY-ST-ZIP GRAYSLAKE IL

3.1 TITLE PRES. & COO / DIR. ☐ Change ☒ Addition
3.2 NAME ALAN H. DAERENKIAN
3.3 STREET ADDRESS 430 N. WESTERN AVE
3.4 CITY-ST-ZIP LAKE FOREST, IL 60045

TITLE VPAS ☒ DELETE
NAME GROSSMAN-MURZEL, VALERIE
STREET ADDRESS 4553 BURNHAM DR
CITY-ST-ZIP HUFFMAN STATES IL

4.1 TITLE ASST. SECRETARY ☐ Change ☒ Addition
4.2 NAME JUDITH A. BORY
4.3 STREET ADDRESS 65-50 ADMIRAL AVE.
4.4 CITY-ST-ZIP MIDDLE VILLAGE, NY 11379

TITLE EVD ☒ DELETE
NAME DANIELE, DANIEL W
STREET ADDRESS 1243 HOLLY CT
CITY-ST-ZIP DOWNERS GROVE I

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE: KURT M MUELLER 10/29/98 (847) 807-1202

CR2E034 (10/97)