

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90237 046 ***150.00

DOCUMENT # P22331

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 the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

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 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

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

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

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

TITLE PCOD ☐ DELETE
NAME BAERENKLAM, ALAN H.
STREET ADDRESS 430 N. WESTERN AVE.
CITY-ST-ZIP LAKE FOREST IL 60045

TITLE AS ☐ DELETE
NAME NORY, JUDITH A.
STREET ADDRESS 65-50 ADMIRAL AVE.
CITY-ST-ZIP MIDDLE VILLAGE NY 11379

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SENIOR VP & DIRECTOR ☐ Change ☒ Addition
1.2 NAME RICHARD GERHART
1.3 STREET ADDRESS 4 QUEENSWAY
1.4 CITY-ST-ZIP LINCOLNSHIRE, IL 60069

2.1 TITLE SENIOR VP & DIRECTOR ☐ Change ☒ Addition
2.2 NAME RICHARD GERHART
2.3 STREET ADDRESS 4 QUEENSWAY
2.4 CITY-ST-ZIP LINCOLNSHIRE, IL 60069

3.1 TITLE V.P. ☐ Change ☒ Addition
3.2 NAME ANN BINNS
3.3 STREET ADDRESS 2028 STANTON COURT
3.4 CITY-ST-ZIP ARLINGTON HTS, IL 60004

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME BAERENKLAM, ALAN H
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

847/803-1200

Daytime Phone #

CR2E034 (11/98)

0527984