

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**



DOCUMENT # P22331

1. Entity 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



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number
58-1669813

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD MUELLER, KURT M 1009 ASHLAND WILMETTE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANUM, MONICA 731-302 BODE CIRCLE HOFFMAN ESTATES, IL 60194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EVANS, BLANE P 701 LEE ST STE 1000 DES PLAINES, IL 60016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BORY, JUDITH A 65-50 ADMIRAL AVE. MIDDLE VILLAGE, NY 11379
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00020353387
05/14/05 80162-005 900.00

300054529303
05/13/05--01066--014 **900.00

**DO NOT WRITE
IN THIS SPACE**

4/1/05

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Blane P. Evans

4/1/05 847 8031200

Date

Daytime Phone #