FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 27 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P23108 (4)

1. Corporation Name

HAWTHORN SUITES MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
% LEGAL DEPARTMENT - 41ST FLOOR 200 WEST MADISON STREET CHICAGO IL 60606	% LEGAL DEPARTMENT - 41ST FLOOR 200 WEST MADISON STREET CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE.

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)

3. Date Incorporated or Qualified: 02/22/1989
3a. Date of Last Report: 04/06/1994
4. FEI Number: 04-2967386 ☐ 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
9. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 manually signing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PRITZKER, NICHOLAS J.	12 NAME	
STREET ADDRESS	200 W MADISON	13 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	NEIMAN, CARY L.	22 NAME	
STREET ADDRESS	8 EAST HURON	23 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	24 CITY-ST-ZIP	
TITLE	VTD	31 TITLE	☐ Change ☐ Addition
NAME	GEOGA, DOUGLAS	32 NAME	
STREET ADDRESS	200 W MADISON ST	33 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	34 CITY ST ZIP	
TITLE	VS	41 TITLE	☐ Change ☐ Addition
NAME	SHINDLER, MICHAEL C.	42 NAME	
STREET ADDRESS	200 W MADISON ST	43 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WILHELM, PHILLIP H.	52 NAME	
STREET ADDRESS	8 E. HURON	53 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PRITZER, PENNY	62 NAME	
STREET ADDRESS	200 W MADISON ST	63 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	64 CITY ST ZIP	

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)(i), Florida Statutes. 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 above, or on an attachment with an address.

SIGNATURE: _____ April 11, 1995 312-750-1234
(SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
Michael C. Shindler, VP & Secy.

0305300 CP