


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 20 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 # P23108 (4) 1. Corporation Name HAWTHORN SUITES MANAGEMENT CORPORATION			
Principal Place of Business 200 WEST MADISON ST. 41ST FLOOR CHICAGO IL 60606		Mailing Address 200 WEST MADISON ST. 41ST FLOOR CHICAGO IL 60606	
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 30	
Country 25		Country 29	
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 reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME PRITZKER, NICHOLAS J. STREET ADDRESS 200 W MADISON CITY-ST-ZIP CHICAGO IL 60606 TITLE VD <input type="checkbox"/> DELETE NAME NEIMAN, CARY L. STREET ADDRESS 211 EAST ONTARIO CITY-ST-ZIP CHICAGO IL 60606 TITLE VTD <input type="checkbox"/> DELETE NAME GEOGA, DOUGLAS STREET ADDRESS 200 W MADISON CITY-ST-ZIP CHICAGO IL 60606 TITLE VS <input checked="" type="checkbox"/> DELETE NAME SHINDLER, MICHAEL C. STREET ADDRESS 200 W MADISON CITY-ST-ZIP CHICAGO IL 60606 TITLE D <input type="checkbox"/> DELETE NAME WILHELM, PHILLIP H. STREET ADDRESS 211 EAST ONTARIO CITY-ST-ZIP CHICAGO IL 60606 TITLE D <input type="checkbox"/> DELETE NAME PRITZER, PENNY STREET ADDRESS 200 W MADISON CITY-ST-ZIP CHICAGO IL 60606			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Harold S. Handelsman 4.3 STREET ADDRESS 200 W. Madison 4.4 CITY-ST-ZIP Chicago, IL 60606 5.1 TITLE VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME Kenneth R. Posner 5.3 STREET ADDRESS 200 W. Madison 5.4 CITY-ST-ZIP Chicago, IL 60606 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/22/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 04-2967386	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

14. I do 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  7/29/97 312 750 1234

CR2E034 (4/97)