

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90005 001 \*\*\*150.00

**DOCUMENT # P36433**  
 1. Entity Name  
**AMERICAN LODGING CORPORATION**



Principal Place of Business  
**P.O. BOX 64**  
**ST CHARLES, IL 60174**

Mailing Address  
**P.O. BOX 64**  
**ST CHARLES, IL 60174**

**44009711**

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>36-2736689</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CRAWFORD, J. STEPHEN**  
**28000 SPANISH WELLS BLVD**  
**BONITA SPRINGS, FL 34135**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	VD MCARDLE, EDWARD J. 5101 CAROLINE HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCARDLE, DAVID A. 4051 E. MAIN STREET ST. CHARLES, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KELLY, THOMAS J. 1600 E MAIN ST SAINT CHARLES, IL 60174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Thomas J. Kelly **THOMAS J. KELLY** Date: 1/6/04 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR