

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90320 050 ***150.00

DOCUMENT # 821289

1. Entity Name
RESTAURANT ASSOCIATES INDUSTRIES INC



Principal Place of Business Mailing Address

% RESTAURANT ASSOCIATES **C/O TAX DEPT**
120 WEST 45TH ST. **2400 YORKMONT RD.**
NEW YORK, NY 10036 **CHARLOTTE, NC 28217**

50037401



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #; etc. Suite, Apt. #, etc.

04072005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For

13-2624705 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|--|--|
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | State Zip Code |
| | FL |

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.

no change

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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TAYLOR, JOHNNY C JR. 2400 YORKMONT RD. CHARLOTTE, NC 28217 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P-1 Sec Laurence B Jones 120 West 45th Street New York NY 10036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JONES, LAURENCE 7 EUCLID PLACE MONTCLAIR, NJ 07042 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DELGRO, DEBORAH K 2400 YORKMONT RD. CHARLOTTE, NC 28217 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS Deborah Delano 2400 Yorkmont Rd Charlotte NC 28217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FORREST, JOHN 38 NORFOLK AVE MAPLEWOOD, NJ 07040 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS ROSSITCH, RICHARD J 2400 YORKMONT RD. CHARLOTTE, NC 28217 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS THARINGTON, NICOLE 2400 YORKMONT RD. CHARLOTTE, NC 28217 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Richard J. Rossitch* *Asst. Secretary* *4/12/05* *704 328 4000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #