

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821289

FILED
Apr 25, 2012
Secretary of State

Entity Name: RESTAURANT ASSOCIATES INDUSTRIES INC.

Current Principal Place of Business:

C/O 330 FIFTH AVENUE
5TH FLOOR
NEW YORK, NY 10001

New Principal Place of Business:

Current Mailing Address:

C/O TAX DEPT
2400 YORKMONT RD.
CHARLOTTE, NC 28217

New Mailing Address:

FEI Number: 13-2624705 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DPCF
Name: MEREDITH, ADRIAN
Address: 2400 YORKMONT ROAD
City-St-Zip: CHARLOTTE, NC 28217

Title: AS
Name: DELANO, DEBORAH
Address: 2400 YORKMONT RD.
City-St-Zip: CHARLOTTE, NC 28217

Title: AS
Name: JONES, LAURENCE
Address: 330 FIFTH AVE 5TH FLOOR
City-St-Zip: NEW YORK, NY 10001

Title: AS
Name: ROSSITCH, RICHARD J
Address: 2400 YORKMONT RD.
City-St-Zip: CHARLOTTE, NC 28217

Title: T
Name: FORREST, JOHN
Address: 330 FIFTH AVE 5TH FLOOR
City-St-Zip: NEW YORK, NY 10001

Title: DVPS
Name: BROWN, C PALMER
Address: 2400 YORKMONT ROAD
City-St-Zip: CHARLOTTE, NY 28217

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: C PALMER BROWN

DVPS

04/25/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date