

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90012 038 ***211.25

03/18/99

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N95000003554

1. Corporation Name
DARDEN RESTAURANTS, INC. FOUNDATION

Principal Place of Business 5900 LAKE ELLENOR DRIVE ORLANDO FL 32809	Mailing Address POST OFFICE BOX 59330 ORLANDO FL 32859
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/25/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3332929
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent DARDEN RESTAURANTS, INC. 5900 LAKE ELLENOR DRIVE ORLANDO FL 32809	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	LEE, JOE. R. 7550 HINSON COURT STE 12-C ORLANDO FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	SWEATT, BLAINE III 8963 CRICHTON WOODS DRIVE ORLANDO FL 32819	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	Treasurer Clarence Otis, Jr. 5900 Lake Ellenor Drive Orlando, FL 32809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DV	WALSH, RICHARD J 2401 NORFOLK ROAD ORLANDO FL 32803	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	WHITEHILL, CLIFFORD L 3746 MEADOWBROOK LANE ORLANDO FL 32819	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AST	DEYOUNG, PATTY 5900 LAKE ELLENOR DR ORLANDO FL 32809	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	 	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert F. Faisant Robert F. Faisant 2|25|99 407.245.5584
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)