2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P35593

RARE HOSPITALITY INTERNATIONAL, INC.



Principal Place of Business

8215 ROSWELL RD. **BLDG 600**

ATLANTA, GA 30350

Mailing Address

8215 ROSWELL RD. BLDG 600

ATLANTA, GA 30350

FILED Mar 15, 2004 08:00 AM Secretary of State



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 58-1498312

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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.

CITY-ST-ZIP

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

ATLANTA, GA 30350

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000088577 03/15/04-80057-008 150.00

OFFICERS AND DIRECTORS 10. CCEO TITLE HICKEY JR, PHILIP J NAME STREET ADDRESS 8215 ROSWELL ROAD BLDG 600

THILE BYRD, CAROLYN NAME STREET ADDRESS 8215 ROSWELL ROAD BLDG 600

ATLANTA, GA 30350 CITY-ST-ZIP TCFO TITLE

BENN, W DOUGLAS NAME STREET ADDRESS

8215 ROSWELL RD BLDG 200 City-St-7iP ATLANTA, GA 30350

TETLE NAME

JOHNASON, JOIA M 8215 ROSWELL RD BUILDING 600 STREET ADDRESS CITY-ST-ZIP

ATLANTA, GA 30350

TITLE MCKERROW, GEORGE SR. NAME 8215 ROSWELL RD, BLDG 200 STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30350

TIBLE

SAN MARTIN, RONALD W 8215 ROSWELL RD BLDG 200 STREET ADDRESS

ATLANTA, QA 30350

IN THIS SPACE

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12. I hereby certify that the information supplied with this filling 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 employeered 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR