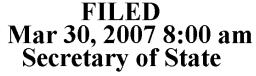
## 2007 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P35593  1. Entity Name RARE HOSPITALITY INTERNATIONAL, INC.					03-30-2007 90125 024 ***150.00				
Principal Place of Business 8215 ROSWELL RD. BLDG 600 ATLANTA, GA 30350		Mailing Address 8215 ROSWELL RD. BLDG 600 ATLANTA, GA 30350							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03132007	Chg-P	CR2E03	4 (12/06)		
City & State		City & State			4. FEI Number 58-1498	312		_ <del> </del>	plied For t Applicable
Zip	Country	Zip Coun egistered Agent		try	5. Certificate of Status Desired .   \$8.75 Additional Fee Required				
	7. Name and Address of New Registered Agent Name								
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
				City	FL Zip Code				
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									
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFF	ICERS AND		
STREET ADDRESS 8	) CHAPMAN, DON L 215 ROSWELL RD BLDG 600 CTLANTA, GA 30350	□ Delete						☐ Change	☐ Addition {
STREET ADDRESS 8	) SYRD, CAROLYN 215 ROSWELL ROAD BLDG 60 STLANTA, GA 30350	Defete						☐ Change	Addition
TITLE T NAME B SIREET ADDRESS 8	CFO BENN, W DOUGLAS 215 ROSWELL RD BLDG 200 ITLANTA, GA 30350	☐ Delete		E W LEI ADDRESS 8:	TCFO . Douglas 215 Roswe tlanta, G	ll Road,	Bldg.	X Change	Addition
NAME J STREET ADDRESS 8	VPS OHNASON, JOIA M 215 ROSWELL RD BUILDING VTLANTA, GA 30350	<b>₹</b> Delete		L				Change	Addition
STREET ADDRESS 8	) SAN MARTIN, RONALD W 1215 ROSWELL RD BLDG 200 NTLANTA, GA 30350	☐ Delete		IE .	8215 Rosw	ell Road,	Bldg.	⊠ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	tify that the information supplied with	☐ Delete	CITY	EET ADDRESS -ST-ZIP	d in Chapter 119	Florida Statutes.	further certi	☐ Change	Addition

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.

3/13/2007 770-399-9595 Eugene I. Lee, Jr. SIGNATURE: Whene NATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR Daytime Phone #