

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821289

Entity Name: RESTAURANT ASSOCIATES INDUSTRIES INC.**Current Principal Place of Business:**132 WEST 31ST STREET
6TH FLOOR
NEW YORK, NY 10001**Current Mailing Address:**C/O TAX DEPT
2400 YORKMONT RD.
CHARLOTTE, NC 28217**FEI Number: 13-2624705****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
4201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title	DIRECTOR, PRESIDENT, CFO
Name	MEREDITH, ADRIAN
Address	2400 YORKMONT ROAD
City-State-Zip:	CHARLOTTE NC 28217

Title	ASST. SECRETARY
Name	DELANO, DEBORAH
Address	2400 YORKMONT RD.
City-State-Zip:	CHARLOTTE NC 28217

Title	ASST. SECRETARY
Name	ROSSITCH, RICHARD J
Address	2400 YORKMONT RD.
City-State-Zip:	CHARLOTTE NC 28217

Title	TREASURER
Name	FORREST, JOHN
Address	132 WEST 31ST STREET 6TH FLOOR
City-State-Zip:	NEW YORK NY 10001

Title	DIRECTOR, EXE VICE PRESIDENT
Name	BROWN, C PALMER
Address	2400 YORKMONT ROAD
City-State-Zip:	CHARLOTTE NY 28217

Title	ASSISTANT TREASURER
Name	THOMAS, DANIEL
Address	2400 YORKMONT RD.
City-State-Zip:	CHARLOTTE NC 28217

Title	EXE VICE PRESIDENT, GENERAL COUNSEL & SECRETARY
Name	MCCONNELL, JENNIFER
Address	2400 YORKMONT RD.
City-State-Zip:	CHARLOTTE NC 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**EXE VICE PRESIDENT****04/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date