

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 839141

**Entity Name:** GOLDEN CORRAL CORPORATION**Current Principal Place of Business:**5400 TRINITY RD  
SUITE 309  
RALEIGH, NC 27607**Current Mailing Address:**ATTN: TAX DEPT  
P.O. BOX 29502  
RALEIGH, NC 27626**FEI Number:** 56-1005071**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 VP, TREASURER  
Name LAVERTY, JAMES D  
Address 5400 TRINITY RD  
SUITE 309  
City-State-Zip: RALEIGH NC 27607

Title VP  
Name CONKLIN, DAVID  
Address 5400 TRINITY RD  
SUITE 309  
City-State-Zip: RALEIGH NC 27607

Title DIRECTOR  
Name MOORE, THOMAS  
Address 5400 TRINITY RD  
SUITE 309  
City-State-Zip: RALEIGH NC 27607

Title DIRECTOR  
Name MAYNARD, EASTER  
Address 5400 TRINITY RD  
SUITE 309  
City-State-Zip: RALEIGH NC 27607

Title PRESIDENT  
Name TRENARY, M LANCE  
Address 5400 TRINITY RD  
SUITE 309  
City-State-Zip: RALEIGH NC 27607

Title VP, SECRETARY  
Name PHILLIPS, R CHAPPELL  
Address 5400 TRINITY RD  
SUITE 309  
City-State-Zip: RALEIGH NC 27607

Title DIRECTOR  
Name FISHER, WILLIAM  
Address 5400 TRINITY RD  
SUITE 309  
City-State-Zip: RALEIGH NC 27607

Title DIRECTOR  
Name MCNEAL, WILLIAM  
Address 5400 TRINITY RD  
SUITE 309  
City-State-Zip: RALEIGH NC 27607

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*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:** R. CHAPPELL PHILLIPS**SECRETARY****04/06/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title               DIRECTOR  
Name               EURE, VAN  
Address            5400 TRINITY RD  
                      SUITE 309  
City-State-Zip:   RALEIGH NC 27607

Title               DIRECTOR  
Name               SLOAN, O TEMPLE III  
Address            5400 TRINITY RD  
                      SUITE 309  
City-State-Zip:   RALEIGH NC 27607

Title               DIRECTOR  
Name               RIVERA, RICHARD  
Address            5400 TRINITY RD  
                      SUITE 309  
City-State-Zip:   RALEIGH NC 27607

Title               SR VICE PRESIDENT -  
                      COMMUNICATIONS & STRATEGY  
Name               WOLFORD, RACHELLE R  
Address            5400 TRINITY RD  
                      SUITE 309  
City-State-Zip:   RALEIGH NC 27607