

2022 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 CFO, 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 MAYNARD, EASTER
Address 5400 TRINITY RD
SUITE 309
City-State-Zip: RALEIGH NC 27607

Title DIRECTOR
Name EURE, VAN
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 MCNEAL, WILLIAM
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

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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: RAY CHAPPELL PHILLIPS**SECRETARY****04/12/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title CHIEF MARKING OFFICER
Name HANKE, PAUL A
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

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