

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003432

Entity Name: CNL RESTAURANT CAPITAL CORP.**Current Principal Place of Business:**8377 E. HARTFORD DR.
SCOTTSDALE, AZ 85255**Current Mailing Address:**201 MERRITT 7
NORWALK, CT 06851 US**FEI Number:** 59-3650065**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 AND CHIEF
EXECUTIVE OFFICER
Name NUNN, CLARENCE L
Address 8377 EAST HARTFORD DRIVE
City-State-Zip: SCOTTSDALE AZ 85255-5478

Title EXECUTIVE VICE PRESIDENT AND
SECRETARY
Name NEILSEN, GREG R.
Address 8377 EAST HARTFORD DRIVE
City-State-Zip: SCOTTSDALE AZ 85255-5478

Title AUTHORIZED OFFICER
Name GUILLEN, ILIANA
Address 901 MAIN AVENUE
THE TOWERS
City-State-Zip: NORWALK CT 06851

Title EXECUTIVE VICE PRESIDENT, CHIEF
FINANCIAL OFFICER AND
TREASURER
Name FLYNN, JENNIFER
Address 8377 EAST HARTFORD DRIVE
City-State-Zip: SCOTTSDALE AZ 85255-5478

Title VICE PRESIDENT AND ASSISTANT
SECRETARY
Name HABHAB, BARBARA
Address 8377 EAST HARTFORD DRIVE
City-State-Zip: SCOTTSDALE AZ 85255-5478

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: ILIANA GUILLEN**AUTHORIZED OFFICER****09/09/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date