

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000003432

**Entity Name:** CNL RESTAURANT CAPITAL CORP.**Current Principal Place of Business:**901 MAIN AVENUE  
NORWALK, CT 06851**Current Mailing Address:**901 MAIN AVENUE  
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:** KIMBERLY LAUGHREY, ASSISTANT SECRETARY

05/27/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name VRON, VICTORIA  
Address 901 MAIN AVENUE  
City-State-Zip: NORWALK CT 06851

Title VP  
Name VRON, VICTORIA  
Address 901 MAIN AVENUE  
City-State-Zip: NORWALK CT 06851

Title VP  
Name VONLANGEN, JOHN  
Address 901 MAIN AVENUE  
City-State-Zip: NORWALK CT 06851

Title ASSISTANT SECRETARY  
Name TAYLOR, JACQUELINE  
Address 901 MAIN AVENUE  
City-State-Zip: NORWALK CT 06851

Title ASSISTANT SECRETARY  
Name HAMILTON, KRYSTINA  
Address 901 MAIN AVENUE  
City-State-Zip: NORWALK CT 06851

Title VP  
Name CHANG, JOSEPHINE  
Address 901 MAIN AVENUE  
City-State-Zip: NORWALK CT 06851

Title PRESIDENT  
Name CHADWICK, ANA  
Address 901 MAIN AVENUE  
City-State-Zip: NORWALK CT 06851

Title VP  
Name CARTER, DEREK  
Address 901 MAIN AVENUE  
City-State-Zip: NORWALK CT 06851

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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:** JACQUELINE TAYLOR

ASSISTANT SECRETARY 05/27/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           CHADWICK, ANA  
Address        901 MAIN AVENUE  
City-State-Zip:  NORWALK CT 06851

Title           DIRECTOR  
Name           CHADWICK, ANA  
Address        901 MAIN AVENUE  
City-State-Zip:  NORWALK CT 06851