2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT #811584** May 08, 2000 8:00 am Secretary of State 1. Éntity Name RESTAURA, INC. 05-08-2000 90196 031 ***150.00 Mailing Address Principal Place of Business 1101 MARKET ST 1101 MARKET ST PHILADELPHIA PA 19107-2934 PHILADELPHIA PA 19107 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 38-1206635 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code 8. 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition PAMES MCMANUS PD N Delete TITLE NAME ZILMER, JOHN J 1101 MARKET STREET STREET ADDRESS STREET ADDRESS 1101 MARKET STREET PHILADELPHIA, PA 19107 CITY-ST-7IP CITY-ST-ZIP PHILADELPHIA PA 19107 ☐ Change ☐ Addition ☐ Delete TITLE TITLE AUSTELL, BARBARA A NAME NAME STREET ADDRESS STREET ADDRESS 1101 MARKET STREET CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA 19107 ☐ Addition Change ☐ Delete TITLE n NAME NAME MORTON, DONALD S STREET ADDRESS STREET ADDRESS 1101 MARKET STREET CITY-ST-ZIP CITY-ST-7IP PHILADELPHIA PA 19107 Change Addition □X Delete TITLE TITLE NAME NAME MCMANUS, JAMES P STREET ADDRESS STREET ADDRESS 1101 MARKET STREET CITY-ST-ZIP CITY-ST-7IP PHILADELPHIA PA 19107 Change ☐ Addition TITLE ☐ Delete NAME O'HARA, MICHAEL STREET ADDRESS STREET ADDRESS 1101 MARKET STREET CITY-ST-7IP CITY-ST-ZIP PHILADELPHIA PA 19107 Change Addition Delete TITLE TITLE NAME Summers, James W NAME STREET ADDRESS STREET ADDRESS 1101 MARKET STREET CITY-ST-ZIP PHILADELPHIA PA 19107 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE INDITIONAL OF PRINTED NAME OF SIGNING OFFICE OF PRECTOR RESIDENT