

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817125

FILED
Mar 29, 2012
Secretary of State

Entity Name: WAFFLE HOUSE INC

Current Principal Place of Business:

5986 FINANCIAL DRIVE
NORCROSS, GA 30071

New Principal Place of Business:

5986 FINANCIAL DRIVE
ATTN: TAX DEPT
NORCROSS, GA 30071 US

Current Mailing Address:

5986 FINANCIAL DRIVE
NORCROSS, GA 30071

New Mailing Address:

5986 FINANCIAL DRIVE
ATTN: TAX DEPT
NORCROSS, GA 30071 US

FEI Number: 58-0652840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXACHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: EHMER, WALT
Address: 5986 FINANCIAL DR
City-St-Zip: NORCROSS, GA 30071

Title: VP
Name: HOVEY, MARIANNE
Address: 5986 FINANCIAL DR
City-St-Zip: NORCROSS, GA 30071

Title: S
Name: WALLER, JONATHAN
Address: 5986 FINANCIAL DR
City-St-Zip: NORCROSS, GA 30071

Title: T
Name: KNIGHT, J. CRAIG
Address: 5986 FINANCIAL DR
City-St-Zip: NORCROSS, GA 30071

Title: VP
Name: MOORE, BOB
Address: 5986 FINANCIAL DR
City-St-Zip: NORCROSS, GA 30071

Title: C
Name: HOWARD, MIKE
Address: 5986 FINANCIAL DR
City-St-Zip: NORCROSS, GA 30071

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: MARIANNE HOVEY

VP

03/29/2012

Electronic Signature of Signing Officer or Director

Date