

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 820576 (7)

1. Corporation Name
DENNY'S, INC.

Principal Place of Business
203 E MAIN STREET
P.O. BOX 3800
SPARTANBURG SC 29304

Mailing Address
203 E MAIN STREET
P.O. BOX 3800
SPARTANBURG SC 29306-5165



| | |
|---|--|
| 3. Date Incorporated or Qualified 07/12/1967 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 05-2023160 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 29319 25 | 29 29319 30 |

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|---------------------------|
| TITLE | PD | 1.1 TITLE | President |
| NAME | PETTY, RONALD C. | 1.2 NAME | John A. Romandetti |
| STREET ADDRESS | 203 E MAIN STREET | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | SPARTANBURG SC | 1.4 CITY - ST - ZIP | |
| TITLE | AS | 2.1 TITLE | VP + AS |
| NAME | NELL, ROSS B | 2.2 NAME | |
| STREET ADDRESS | 203 E MAIN STREET | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | SPARTANBURG SC | 2.4 CITY - ST - ZIP | |
| TITLE | V | 3.1 TITLE | SVUP + D |
| NAME | CAMPBELL, C. R | 3.2 NAME | |
| STREET ADDRESS | 203 E MAIN STREET | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | SPARTANBURG SC | 3.4 CITY - ST - ZIP | |
| TITLE | T | 4.1 TITLE | |
| NAME | HUTCHISON, RONALD B | 4.2 NAME | |
| STREET ADDRESS | 203 E MAIN ST | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | SPARTANBURG SC | 4.4 CITY - ST - ZIP | |
| TITLE | VS | 5.1 TITLE | VPS D |
| NAME | PARISH, RHONDA J. | 5.2 NAME | |
| STREET ADDRESS | 203 E MAIN STREET | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | SPARTANBURG SC | 5.4 CITY - ST - ZIP | |
| TITLE | D | 6.1 TITLE | DUPCFO |
| NAME | SMITH, KENT M | 6.2 NAME | Charles E. Brown |
| STREET ADDRESS | 203 E MAIN STREET | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | SPARTANBURG SC | 6.4 CITY - ST - ZIP | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: Rhonda J. Parish 3/31/97 864/597-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0010724

CR2E034 (9/96)