

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90083 050 \*\*\*150.00

**DOCUMENT # 824387**

1. Entity Name

**FRANCHISE STORES REALTY CORP.**

Principal Place of Business

Mailing Address

20 BATTERSON PARK RD  
 FARMINGTON CT 06032

20 BATTERSON PARK RD  
 FARMINGTON CT 06032-2502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-1700771

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PC                     | <input type="checkbox"/> Delete            |
| NAME           | FELLINGHAM, STEVEN     |  |
| STREET ADDRESS | 20 BATTERSON PARK RD   |  |
| CITY-ST-ZIP    | FARMINGTON CT          |  |
| TITLE          | D                      | <input type="checkbox"/> Delete            |
| NAME           | GOTTLIEB, STEVEN L.    |  |
| STREET ADDRESS | 20 BATTERSON PARK RD   |  |
| CITY-ST-ZIP    | FARMINGTON CT          |  |
| TITLE          | VTD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | CARLO, RICHARD J       |  |
| STREET ADDRESS | 20 BATTERSON PARK RD   |  |
| CITY-ST-ZIP    | FARMINGTON CT          |  |
| TITLE          | S                      | <input type="checkbox"/> Delete            |
| NAME           | BONASSAR, JOSEPH       |  |
| STREET ADDRESS | 20 BATTERSON PARK ROAD |  |
| CITY-ST-ZIP    | FARMINGTON CT          |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | PRESIDENT / CEO / DIRECTOR      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | STEVEN V. FELLINGHAM            |  |
| STREET ADDRESS | 20 BATTERSON PARK ROAD          |  |
| CITY-ST-ZIP    | FARMINGTON, CT 06032            |  |
| TITLE          | VICE PRESIDENT / CFO / DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | STEVEN L. GOTTLIEB              |  |
| STREET ADDRESS | 20 BATTERSON PARK ROAD          |  |
| CITY-ST-ZIP    | FARMINGTON, CT 06032            |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |

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 all other like empowered.

SIGNATURE:

*Joseph M. Bonassar*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/00  
 Date

360-677-6811  
 Daytime Phone #

CR2E014 (9/98)