FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 03, 2001 8:00 am Secretary of State **DOCUMENT #824387** FRANCHISE STORES REALTY CORP. 04-03-2001 90083 026 \*\*\*150.00 Mailing Address Principal Place of Business 20 BATTERSON PARK RD 20 BATTERSON PARK RD VYIUUIU FARMINGTON CT 06032 FARMINGTON CT 06032 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 13-1700771 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -- ~ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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. (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Change - ☐ Addition CR2E034 (10/00) TITLE TITLE FELLINGHAM, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 20 BATTERSON PARK RD CITY-ST-ZIP CITY-ST-7IP **FARMINGTON CT 06032 VPCD** ☐ Change ☐ Addition ☐ Delete TITI F TITLE GOTTLIEB, STEVEN L NAME NAME STREET ADDRESS STREET ADDRESS 20 BATTERSON PARK RD CITY-ST-ZIP CITY-ST-ZIP FARMINGTON.CT. 06032 TITLE ☐ Addition TITLE Delete CARLO, RICHARD J NAME NAME 20 BATTERSON PARK RD STREET ADDRESS STREET ADDRESS **FARMINGTON CT** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BONASSAR, JOSEPH NAME NAME 20 BATTERSON PARK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FARMINGTON CT TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date