


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90082 036 \*\*\*150.00

**DOCUMENT # 824387**  
 1. Entity Name  
**FRANCHISE STORES REALTY CORP.**



Principal Place of Business  
 175 CAPITAL BLVD. STE, 400  
 ROCKY HILL, CT 06067

Mailing Address  
 175 CAPITAL BLVD. STE, 400  
 ROCKY HILL, CT 06067

**40014865**



2. Principal Place of Business  
 200 Glenridge Point Pkwy  
 Suite, Apt. #, etc.  
 Suite 200

3. Mailing Address  
 200 Glenridge Point Pkwy  
 Suite, Apt. #, etc.  
 Suite 200

01242005 Chg-P CR2E034 (10/03)

City & State  
 Atlanta, GA

City & State  
 Atlanta, GA

Zip  
 30342

Country

4. FEI Number  
 13-1700771

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMANIELLO, STEVE 175 CAPITAL BLVD. STE 400 ROCKY HILL, CT 06067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOE, AIELLI S 175 CAPITAL BLVD. STE 400 ROCKY HILL, CT 06067	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR NEAL, ARONSON 175 CAPITAL BLVD. STE 400 ROCKY HILL, CT 06067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR KATHRYN, ROOKES 175 CAPITAL BLVD. STE 400 ROCKY HILL, CT 06067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Finance / Treasurer Thom Gilday 175 Capital Blvd, Suite 400 Rocky Hill, CT 06067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: [Signature] Date: 2/1/05 Daytime Phone #: 860 258 0232