

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 824387

FILED
Apr 29, 2009
Secretary of State

Entity Name: FRANCHISE STORES REALTY CORP.

Current Principal Place of Business:

200 GLENRIDGE POINT PARKWAY
SUITE 200
ATLANTA, GA 30342

New Principal Place of Business:

Current Mailing Address:

200 GLENRIDGE POINT PARKWAY
SUITE 200
ATLANTA, GA 30342

New Mailing Address:

FEI Number: 13-1700771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ROMANIELLO, STEVE
Address: 200 GLENRIDGE POINT PARKWAY, SUITE 200
City-St-Zip: ATLANTA, GA 30342

Title: TREA () Delete
Name: GILDAY, THOM
Address: 200 GLENRIDGE POINT PARKWAY
City-St-Zip: ATLANTA, GA 30342

Title: DIR () Delete
Name: NEAL, ARONSON
Address: 200 GLENRIDGE POINT PARKWAY
City-St-Zip: ATLANTA, GA 30342

Title: SECR () Delete
Name: KATHRYN, ROOKES
Address: 200 GLENRIDGE POINT PARKWAY, SUITE 200
City-St-Zip: ATLANTA, GA 30342

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: KRENTZ, LENORE
Address: 200 GLENRIDGE POINT PARKWAY, SUITE 200
City-St-Zip: ATLANTA, GA 30342

Title: DIR (X) Change () Addition
Name: ARONSON, NEAL
Address: 1170 PEACHTREE ST, NE, SUITE 1825
City-St-Zip: ATLANTA, GA 30309

Title: SECR (X) Change () Addition
Name: LARSON, TIM
Address: 200 GLENRIDGE POINT PARKWAY, SUITE 200
City-St-Zip: ATLANTA, GA 30342

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIM LARSON

SEC

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date