

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90091 017 ***150.00

DOCUMENT # 837115

1. Entity Name
TGI FRIDAY'S INC.

Principal Place of Business Mailing Address
7540 LBJ FREEWAY 7540 LBJ FREEWAY
100 100
DALLAS TX 75380 DALLAS TX 75380
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-2677117** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
STE 105
TALLAHASSEE FL 32301

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
 NAME **KING, M. STEPHEN**
 STREET ADDRESS **7540 LBJ FREEWAY, SUITE 100**
 CITY-ST-ZIP **DALLAS TX**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☒ Delete
 NAME **DOOLIN, WALLACE B**
 STREET ADDRESS **7540 LBJ FREEWAY, SUITE 100**
 CITY-ST-ZIP **DALLAS TX**

TITLE **P/D** ☐ Change ☒ Addition
 NAME **SNEAD, RICHARD T.**
 STREET ADDRESS **7540 LBJ FREEWAY, SUITE 100**
 CITY-ST-ZIP **DALLAS, TX 75380**

TITLE **CP** ☐ Delete
 NAME **NELSON, MARILYN C**
 STREET ADDRESS **12755 STATE HWY 55**
 CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE **CD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☒ Delete
 NAME **HUGHES, JAMES J**
 STREET ADDRESS **7540 LBJ FREEWAY STE. 100**
 CITY-ST-ZIP **DALLAS TX**

TITLE **V** ☐ Change ☒ Addition
 NAME **ARCHER, MICHAEL J.**
 STREET ADDRESS **7540 LBJ FREEWAY**
 CITY-ST-ZIP **DALLAS, TX 75380**

TITLE **V** ☐ Delete
 NAME **WARNE, JEFF D**
 STREET ADDRESS **7540 LBJ FRWY STE 100**
 CITY-ST-ZIP **DALLAS TX**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **CHOPP, CAROL M**
 STREET ADDRESS **7540 LBJ FREEWAY, SUITE 100**
 CITY-ST-ZIP **DALLAS TX**

TITLE **V/S** ☒ Change ☐ 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: **Carol M. Chopp**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol M. Chopp
VP Admin + Sec
4/22/02 (972) 450-5400
 Date Daytime Phone #

CR2E034 (9/01)