

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90125 036 ***150.00

0654222 AT

DOCUMENT # 837115

1. Entity Name
TGI FRIDAY'S INC.



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

Mailing Address
**7540 LBJ FREEWAY
100
DALLAS TX 75380
US**

60021464



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **13-2677117**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **V 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 ☐ Delete
NAME **PD SNEAD, RICHARD T**
STREET ADDRESS **7540 LBJ FREEWAY, STE. 100**
CITY-ST-ZIP **DALLAS TX**

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

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

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

TITLE ☐ Delete
NAME **V ARCHER, MICHAEL J**
STREET ADDRESS **7540 LBJ FREEWAY STE.100**
CITY-ST-ZIP **DALLAS TX**

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

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

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

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 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

Date **4/21/03** Daytime Phone # **(972) 450-5400**

CR2E034 (10/02)