2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90298 013 ***150.00

DOCUMENT # 843346

1. Entity Name
GOLDEN CORRAL DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
5151 GLENWOOD AVE P.O. BOX 29502 RALEIGH NC 27612-3267	5151 GLENWOOD AVE P.O. BOX 29502 RALEIGH NC 27612-3267

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 56-1216371 — 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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPF	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BELL, LAMAR C.		NAME		
STREET ADDRESS	5151 GLENWOOD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FOWLER, THEODORE M. JR.		NAME		
STREET ADDRESS	5151 GLENWOOD AVE		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC		CITY-ST-ZIP		
TITLE	VPTA	☒ Delete	TITLE	V	☐ Change ☒ Addition
NAME	STATION, JAMES S.		NAME	GORDON POULSEN	
STREET ADDRESS	5151 GLENWOOD AVE		STREET ADDRESS	5151 GLENWOOD AVE.	
CITY-ST-ZIP	RALEIGH NC		CITY-ST-ZIP	RALEIGH NC 27612	
TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BALDWIN, DORIS F(ASST)		NAME		
STREET ADDRESS	5151 GLENWOOD AVE		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HEYWARD, ROBERT		NAME		
STREET ADDRESS	5151 GLENWOOD AVE		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC		CITY-ST-ZIP		
TITLE	C	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MAYNARD, JAMES H		NAME		
STREET ADDRESS	5151 GLENWOOD AVE		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27612		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: X C. Lamar Bell C. LAMAR BELL 4-10-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)