

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP 16 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50066946



06102005 No Chg-P CR2E034 (10/03)

4. FEI Number **52-1176118** Applied For
Not Applicable

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

DOCUMENT # 846960
1. Entity Name
HMS HOST FAMILY RESTAURANTS, INC.



Principal Place of Business 6600 ROCKLEDGE DR. DEPT. 72-928.81 BETHESDA, MD 20807 US	Mailing Address 6600 ROCKLEDGE DR. DEPT. 72-928.81 BETHESDA, MD 20058 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE, FL 32301**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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	T RATYCH, MARK T 6600 ROCKLEDGE DRIVE BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, BERNARD N 6600 ROCKLEDGE DR., MS 3-1 BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, CHARLES E 6600 ROCKLEDGE DR., MS 3-1 BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCARTHY, JOHN J 6600 ROCKLEDGE DRIVE BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SANDERS, SADYE C 6600 ROCKLEDGE DRIVE BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BABIN, LAURA A 6600 ROCKLEDGE DR BETHESDA, MD 20817

500059786435
09/20/05--01051--018 **550.00

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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: *Sadye C. Sanders*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sadye C. Sanders
Assistant Secretary
9/12/05 (270)694-4433
Date Daytime Phone #