2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# 846960

Entity Name: HMS HOST FAMILY RESTAURANTS, INC.

Current Principal Place of Business:

6905 ROCKLEDGE DR.
DEPT. 72-928.81
BETHESDA, MD 20817 US

New Principal Place of Business:

6905 ROCKLEDGE DR.
MAIL STOP 7-1
BETHESDA, MD 20817 US

Current Mailing Address:

6905 ROCKLEDGE DR.
DEPT. 72-928.81
BETHESDA, MD 20817 US

New Mailing Address:

6905 ROCKLEDGE DR.
MAIL STOP 7-1
BETHESDA, MD 20817 US

FEI Number: 52-1176118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE, FL 32301 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: TD ( ) Delete
Name: RATYCH, MARK T
Address: 6905 ROCKLEDGE DRIVE
City-St-Zip: BETHESDA, MD 20817

Title: V ( ) Delete
Name: BROWN, BERNARD N
Address: 6905 ROCKLEDGE DR.
City-St-Zip: BETHESDA, MD 20817

Title: V ( ) Delete
Name: POWERS, CHARLES E
Address: 6905 ROCKLEDGE DR.,
City-St-Zip: BETHESDA, MD 20817

Title: PD ( ) Delete
Name: MAALOUF, ELIE W
Address: 6905 ROCKLEDGE DR
City-St-Zip: BETHESDA, MD 20817

Title: AS ( ) Delete
Name: SANDERS, SADYE C
Address: 6905 ROCKLEDGE DRIVE
City-St-Zip: BETHESDA, MD 20817

Title: S ( ) Delete
Name: BABIN, LAURA A
Address: 6905 ROCKLEDGE DR
City-St-Zip: BETHESDA, MD 20817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: SADYE C. SANDERS AS 06/15/2009
Electronic Signature of Signing Officer or Director Date