

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846960

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** HMS HOST FAMILY RESTAURANTS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

6905 ROCKLEDGE DR.  
BETHESDA, MD 20817 US

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
Name: RATYCH, MARK T  
Address: 6905 ROCKLEDGE DRIVE  
City-St-Zip: BETHESDA, MD 20817

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SADYE C. SANDERS

AS

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date