

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 853217

1. Entity Name
IHOP ENTERPRISES, INC.



Principal Place of Business

450 N BRAND BLVD.
7TH FLOOR
GLENDALE, CA 91203

Mailing Address

450 N BRAND BLVD.
7TH FLOOR
GLENDALE, CA 91203



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-2812361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STEWART, JULIA A
STREET ADDRESS 450 N BRAND BLVD., 7TH FLOOR
CITY-ST-ZIP GLENDALE, CA 91203

TITLE VT
NAME CONFORTI, THOMAS G
STREET ADDRESS 450 N BRAND BLVD., 7TH FLOOR
CITY-ST-ZIP GLENDALE, CA 91203

TITLE SVD
NAME WEISBERGER, MARK D
STREET ADDRESS 450 N BRAND BLVD., 7TH FLOOR
CITY-ST-ZIP GLENDALE, CA 91203

TITLE AS
NAME SOTOMAYOR, JESS E
STREET ADDRESS 450 N BRAND BLVD., 7TH FLOOR
CITY-ST-ZIP GLENDALE, CA 91203

TITLE AS
NAME BERG-WILSON, ELAYNE
STREET ADDRESS 450 N BRAND BLVD., 7TH FLOOR
CITY-ST-ZIP GLENDALE, CA 91203

TITLE AT
NAME AGORRILLA, BULAKLAK T
STREET ADDRESS 450 N BRAND BLVD., 7TH FLOOR
CITY-ST-ZIP GLENDALE, CA 91203

U00000345373
04/30/05-80033-010 150.00

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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)(f), 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: *Agorrilla T. Bulaklak*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05
Date

818-240-6055
Daytime Phone #