

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90019 030 ***150.00

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **95-2812361**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH 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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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

TITLE AT
NAME DON PICKERING
STREET ADDRESS 450 N - BRAND BLVD., 7TH FL.
CITY-STATE-ZIP GLENDALE, CA 91203 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/07

(818) 637-4726