

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 01, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000003995**

1. Entity Name  
**RED ROBIN INTERNATIONAL, INC.**

Principal Place of Business 5575 DTC PARKWAY, SUITE 110  ENGLEWOOD CO 80111	Mailing Address 5575 DTC PARKWAY, SUITE 110  ENGLEWOOD CO 80111
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2. Principal Place of Business 5575 DTC PARKWAY, SUITE 110	3. Mailing Address 5575 DTC PARKWAY, SUITE 110
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State GREENWOOD VILLAGE CO	City & State GREENWOOD VILLAGE CO
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4. FEI Number <b>91-0847486</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 80111	Country	Zip 80111	Country
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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 US

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.

SIGNATURE \_\_\_\_\_ DATE **05/01/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE D <input type="checkbox"/> Delete	NAME HARVEY EDWARD T	STREET ADDRESS 5575 DTC PARKWAY, SUITE 110	CITY-ST-ZIP ENGLEWOOD CO 80111
TITLE D <input type="checkbox"/> Delete	NAME SINGER GARY J	STREET ADDRESS 5575 DTC PARKWAY, SUITE 110	CITY-ST-ZIP ENGLEWOOD CO 80111
TITLE D <input checked="" type="checkbox"/> Delete	NAME IDE JOICHE	STREET ADDRESS 5575 DTC PARKWAY, SUITE 110	CITY-ST-ZIP ENGLEWOOD CO 80111
TITLE VAS <input type="checkbox"/> Delete	NAME GRANT JOHN W	STREET ADDRESS 5575 DTC PARKWAY, SUITE 110	CITY-ST-ZIP ENGLEWOOD CO 80111
TITLE VS <input type="checkbox"/> Delete	NAME MCCLOSKEY JAMES P	STREET ADDRESS 5575 DTC PARKWAY, SUITE 110	CITY-ST-ZIP ENGLEWOOD CO 80111
TITLE PD <input type="checkbox"/> Delete	NAME SNYDER MICHAEL J	STREET ADDRESS 5575 DTC PARKWAY, SUITE 110	CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME HARVEY EDWARD T	STREET ADDRESS 5575 DTC PARKWAY, SUITE 110	CITY-ST-ZIP GREENWOOD VILLAGE CO 80111
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SINGER GARY J	STREET ADDRESS 5575 DTC PARKWAY, SUITE 110	CITY-ST-ZIP GREENWOOD VILLAGE CO 80111
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE VAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME GRANT JOHN W	STREET ADDRESS 5575 DTC PARKWAY, SUITE 110	CITY-ST-ZIP GREENWOOD VILLAGE CO 80111
TITLE VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME MCCLOSKEY JAMES P	STREET ADDRESS 5575 DTC PARKWAY, SUITE 110	CITY-ST-ZIP GREENWOOD VILLAGE CO 80111
TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SNYDER MICHAEL J	STREET ADDRESS 5575 DTC PARKWAY, SUITE 110	CITY-ST-ZIP GREENWOOD VILLAGE CO 80111

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** John W. Grant **VAS** **05/01/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)