

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90414 014 \*\*\*150.00

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # F01000006124</b><br>1. Entity Name<br><b>FRIENDLY'S RESTAURANTS FRANCHISE, INC.</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>1855 BOSTON ROAD<br/>WILBRAHAM, MA 01095</b>   |  |   | Mailing Address<br><b>1855 BOSTON ROAD<br/>WILBRAHAM, MA 01095</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.                          |  |  |
| City & State<br>Zip      Country   |  |   | City & State<br>Zip      Country                                   |  |  |
| 4. FEI Number<br><b>51-0296446</b>   |  |   | Applied For<br><input type="checkbox"/> Not Applicable             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   | <b>\$8.75 Additional Fee Required</b>                              |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>BELL, PETER B<br>5 WHITFORD PLACE<br>WILBRAHAM, MA 01095          | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | V<br>PETER E. BELL<br>5 WHITFORD PLACE<br>WILBRAHAM, MA 01095  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>CUTTER, JOHN L<br>23 BRIAR CLIFF DRIVE<br>WILBRAHAM, MA 01095    | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | DIPIED<br>GEORGE M. CONDOS<br>299 GREAT BAY STREET<br>EAST FALMOUTH, MA 02536  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVT<br>HOAGLAND, PAUL V<br>17 DANFORTH FARMS RD<br>WILBRAHAM, MA 01095 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VS<br>PASTORE, GREGORY<br>8 POWERS DR<br>WILBRAHAM, MA 01095           | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>SULLIVAN, JAMES D<br>14 EASTWOOD DR<br>WILBRAHAM, MA 01095        | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>SAWYER, ROBERT K JR<br>35 MATTOON ST<br>WILBRAHAM, MA 01095       | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | V<br>ROBERT K. SAWYER, JR.<br>35 MATTOON ST<br>SPRINGFIELD, MA 01105   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |  |   |  |  |  |
| <b>SIGNATURE:</b> _____<br><div style="display: flex; justify-content: space-between;"> <div> <b>Paul V. Hoagland</b><br/> <b>Executive VP and Treasurer</b> </div> <div> <b>4/24/2007</b><br/> <small>Date</small> </div> <div> <b>(413) 731-4000</b><br/> <small>Daytime Phone #</small> </div> </div>   |  |   |  |  |  |