

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90187 012 \*\*\*150.00

DOCUMENT # F03000000252

1. Entity Name

RESTAURANT ASSOCIATES EVENTS CORP.



Principal Place of Business  
120 WEST 45TH STREET  
NEW YORK NY 10036

Mailing Address  
C/O TAX DEPT.  
2400 YORKMONT RD.  
CHARLOTTE NC 28217



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

120 West 45th Str

3. Mailing Address

2400 Yorkmont Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C/O Tax Dept

1st MOORE

CR2E034 (10/06)

City & State

New York NY

City & State

Charlotte NC

4. FEI Number

13-3904181

Applied For

Not Applicable

Zip

10036

Country

Zip

28217

Country

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

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ONDROF, THOMAS C	
STREET ADDRESS	2400 YORKMONT RD.	
CITY - ST - ZIP	CHARLOTTE NC 28217	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	ROSSITCH, RICHARD J	
STREET ADDRESS	2400 YORKMONT RD.	
CITY - ST - ZIP	CHARLOTTE NC 28217	
TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	JONES, LAURENCE	
STREET ADDRESS	120 WEST 45TH STREET	
CITY - ST - ZIP	NEW YORK NY 10036	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FORREST, JOHN	
STREET ADDRESS	120 WEST 45TH STREET	
CITY - ST - ZIP	NEW YORK NY 10036	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	DELANO, DEBORAH K	
STREET ADDRESS	2400 YORKMONT RD.	
CITY - ST - ZIP	CHARLOTTE NC 28217	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	THARRINGTON, NICOLE	
STREET ADDRESS	2400 YORKMONT RD.	
CITY - ST - ZIP	CHARLOTTE NC 28217	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Shearer	
STREET ADDRESS	2400 Yorkmont Rd	
CITY - ST - ZIP	Charlotte NC 28217	
TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. Phillip Wells	
STREET ADDRESS	2400 Yorkmont Rd	
CITY - ST - ZIP	Charlotte NC 28217	
TITLE	PCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew J. Lansing	
STREET ADDRESS	120 West 45th Str.	
CITY - ST - ZIP	New York NY 10036	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert E Skiffert	
STREET ADDRESS	120 West 45th Str.	
CITY - ST - ZIP	New York NY 10036	
TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael T Perlberg	
STREET ADDRESS	120 West 45th Str.	
CITY - ST - ZIP	New York NY 10036	

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:

C. Phillip Wells

C. Phillip Wells 4/17/07

Date

Daytime Phone #

ATTACHMENT 40082365

~~#1-03000000252~~

RESTAURANT ASSOCIATES EVENTS CORP.

Corporate Data Sheet

**Corporation Name:** Restaurant Associates Events Corp.

**Address:** C/O 330 Fifth Avenue, 5<sup>th</sup> Fl.  
New York, NY 10001

**FEIN Number:** 13-3904181

**DIRECTORS:**

Antony G. Shearer  
Thomas G. Ondrof  
C. Phillip Wells

**OFFICERS:**

Andrew J. Lansing – President and Chief Executive Officer  
Robert E. Seiffert – Treasurer  
Michael T. Perlberg – Secretary