

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003508

FILED
Jul 23, 2004
Secretary of State**Entity Name:** NORTH AMERICAN ASSOCIATION OF SUBWAY FRANCHISEES, INC.**Current Principal Place of Business:**1013 OBISPO AVENUE
CORAL GABLES, FL 33134**New Principal Place of Business:**95 MERRICK WAY
SUITE 710
CORAL GABLES, FL 33134**Current Mailing Address:**1013 OBISPO AVENUE
CORAL GABLES, FL 33134**New Mailing Address:**95 MERRICK WAY
SUITE 710
CORAL GABLES, FL 33134**FEI Number:** 11-7501998**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: HATFIELD, JAMES
Address: 270 COUNTRY ROAD
City-St-Zip: UNION, SC 29379**Title:** V () Delete
Name: SAWYER, JOSEPH
Address: 19100 TIMBERED ESTATES
City-St-Zip: CARLINVILLE, IL 62626**Title:** T () Delete
Name: HALL, MARC
Address: 13666 MONTE CARLO DRIVE
City-St-Zip: CAMDEN, MI 49232**Title:** D () Delete
Name: AMATO, CATHY
Address: 12042 BLANCO ROAD, SUITE 102
City-St-Zip: SAN ANTONIO, TX 78216**Title:** D () Delete
Name: BISHOP, PAT
Address: 1724 CLARENDON DRIVE
City-St-Zip: GREENSBORO, NC 27410**Title:** D () Delete
Name: BOLAND, GREG
Address: 11782 FIRESTONE BLVD.
City-St-Zip: NORWALK, CA 90650**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** C (X) Change () Addition
Name: HATFIELD, JAMES
Address: 210 PHYSICIANS PARK DRIVE
City-St-Zip: CLINTON, SC 29325**Title:** VC (X) Change () Addition
Name: SAWYER, JOSEPH
Address: P.O. BOX 410
City-St-Zip: CARLINVILLE, IL 62626**Title:** T (X) Change () Addition
Name: TARRAS, TERRY
Address: P.O. BOX 335
City-St-Zip: SPOONER, WI 54801**Title:** S (X) Change () Addition
Name: PERRUZZA, RON
Address: 2108 OBECK CRESCENT
City-St-Zip: MISSISSAUGA, ON L5H 3L7**Title:** D (X) Change () Addition
Name: DOWNEY, FRED
Address: P.O. BOX 301501
City-St-Zip: ESCONDIDO, CA 93030**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES HATFIELD

C

07/23/2004

Electronic Signature of Signing Officer or Director

Date