FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F92000001015 (8)**

1. Corporation Name

GIORDANO'S INTERNATIONAL FRANCHISE SYSTEMS, INC.

Principal Place of Business	Mailing Address
308 WEST RANDOLPH STREET SUITE 400 CHICAGO IL 60606 US	308 WEST RANDOLPH STREET SUITE 400 CHICAGO IL 60606 US

3. Date Incorporated or Qualified: **01/08/1993**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **36-3330187** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	APOSTOLOU, JOHN		1.2 NAME	
STREET ADDRESS	2330 MOHAWK LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	GLENVIEW IL		1.4 CITY-ST-ZIP	
TITLE	CFO	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	AYNESSAZIAN, BARRY ALLEN		2.2 NAME	
STREET ADDRESS	1912 SOUTH VINE STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	PARK RIDGE IL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	APOSTOULOU, EVA		3.2 NAME	
STREET ADDRESS	2330 MOHAWK AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GLENVIEW IL		3.4 CITY-ST-ZIP	
TITLE	AT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CIPRIA, B. VAUGHNETTE		4.2 NAME	
STREET ADDRESS	420 WEST BELMONT AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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****225.00 ****225.00

$175.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barry Allen Aynessazian, CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 (312) 641-6500
Date Daytime Phone #

CR2E034 (12/95)