FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10: 01

DOCUMENT # F94000002452 (0)

1. Corporation Name
FRANCHISE FINANCE CORPORATION OF AMERICA

Principal Place of Business	Mailing Address
17207 NORTH PERIMETER DRIVE SCOTTSDALE AZ 85255	17207 NORTH PERIMETER DRIVE SCOTTSDALE AZ 85255

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 05/11/1994
3a. Date of Last Report:

4. FEI Number: 86-0736091 ☐ 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

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	1 1 TITLE	☐ Change ☐ Addition
NAME	FLEISCHER, MORTON H	1 2 NAME	
STREET ADDRESS	17207 NORTH PERIMETER DRIVE	1 3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ	1 4 CITY-ST-ZIP	
TITLE	CD	2 1 TITLE	☐ Change ☐ Addition
NAME	HALLIDAY, ROBERT W	2 2 NAME	
STREET ADDRESS	17207 NORTH PERIMETER DRIVE	2 3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ	2 4 CITY-ST-ZIP	
TITLE	VD	3 1 TITLE	SR VICE PRESIDENT ☒ Change ☐ Addition
NAME	CRAWFORD, THOMAS K	3 2 NAME	
STREET ADDRESS	17207 NORTH PERIMETER DRIVE	3 3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ	3 4 CITY-ST-ZIP	
TITLE	VD	4 1 TITLE	SR VICE PRESIDENT ☒ Change ☐ Addition
NAME	ROACH, ROBIN L	4 2 NAME	
STREET ADDRESS	17207 NORTH PERIMETER DRIVE	4 3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ	4 4 CITY-ST-ZIP	
TITLE	V	5 1 TITLE	SR VICE PRESIDENT ☒ Change ☐ Addition
NAME	RUBEN, DENNIS L	5 2 NAME	
STREET ADDRESS	17207 NORTH PERIMETER DRIVE	5 3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ	5 4 CITY-ST-ZIP	
TITLE	VD	6 1 TITLE	SR VICE PRESIDENT & CFO ☒ Change ☐ Addition
NAME	BARRAVECCHIA, JOHN R	6 2 NAME	
STREET ADDRESS	17207 NORTH PERIMETER DRIVE	6 3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ	6 4 CITY-ST-ZIP	

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)(i), 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: [signature] JOHN R. BARRAVECCHIA, SR.VP & CFO — 2/14/95 — (602) 585-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481478 FP