

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000002452 (0)

1. Corporation Name

FRANCHISE FINANCE CORPORATION OF AMERICA



Principal Place of Business

17207 NORTH PERIMETER DRIVE  
SCOTTSDALE AZ 85255

Mailing Address

17207 NORTH PERIMETER DRIVE  
SCOTTSDALE AZ 85255

3. Date Incorporated or Qualified  
05/11/1994

3a. Date of Last Report  
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature typed or printed here if of registered agent and file if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME FLEISCHER, MORTON H  
STREET ADDRESS 17207 NORTH PERIMETER DRIVE  
CITY-ST-ZIP SCOTTSDALE AZ ☐ DELETE

1.1 TITLE CHAIRMAN ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE CD  
NAME HALLIDAY, ROBERT W  
STREET ADDRESS 17207 NORTH PERIMETER DRIVE  
CITY-ST-ZIP SCOTTSDALE AZ ☐ DELETE

2.1 TITLE CHAIRMAN BARRETT ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SVP  
NAME CRAWFORD, THOMAS K  
STREET ADDRESS 17207 NORTH PERIMETER DRIVE  
CITY-ST-ZIP SCOTTSDALE AZ ☒ DELETE

3.1 TITLE EXECUTIVE VICE PRESIDENT, CHIEF  
OPERATING OFFICER  
3.2 NAME CHRISTOPHER N. JOLK  
3.3 STREET ADDRESS 17209 N. PERIMETER AVE  
3.4 CITY-ST-ZIP SCOTTSDALE, AZ 85255 ☐ Change ☒ Addition

TITLE SVP  
NAME ROACH, ROBIN L  
STREET ADDRESS 17207 NORTH PERIMETER DRIVE  
CITY-ST-ZIP SCOTTSDALE AZ ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SVP  
NAME RUBEN, DENNIS L  
STREET ADDRESS 17207 NORTH PERIMETER DRIVE  
CITY-ST-ZIP SCOTTSDALE AZ ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SVCF  
NAME BARRAVECCHIA, JOHN R  
STREET ADDRESS 17207 NORTH PERIMETER DRIVE  
CITY-ST-ZIP SCOTTSDALE AZ ☐ DELETE

6.1 TITLE EXECUTIVE VICE PRESIDENT  
6.2 NAME CHIEF FINANCIAL OFFICER ☒ Change ☐ Addition  
6.3 STREET ADDRESS  
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)(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:

*John Baravecchia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/96  
Date

(602) 585-4500  
Daytime Phone

CR2E034 (12/95)