


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90017 028 \*\*\*150.00

<b>DOCUMENT # F95000005925</b> 1. Entity Name <b>SOUPER SALAD, INC.</b>					
Principal Place of Business <b>140 HEIMER SUITE 400 SAN ANTONIO, TX 78232 US</b>			Mailing Address <b>140 HEIMER SUITE 400 SAN ANTONIO, TX 78232 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>74-2210941</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CORPORATE RESEARCH SOLUTIONS, INC. 1333 N. DUVAL STREET TALLAHASSEE, FL 32303</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>KERCHENKO, RICHARD</b> <b>140 HEIMER STE 400</b> <b>SAN ANTONIO, TX 78232</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Chief Restructuring officer</b> <b>Brad Walker</b> <b>140 Heimer, Sk 400</b> <b>San Antonio, TX 78232</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VS</b> <b>SHACKELFORD, CLINT</b> <b>140 HEIMER STE 400</b> <b>SAN ANTONIO, TX 78232</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>EVP + CFO</b> <b>Matthew Wilber</b> <b>140 Heimer Sk. 400</b> <b>San Antonio, TX 78232</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>REILLY, CHRIS</b> <b>140 HEIMER STE 400</b> <b>SAN ANTONIO, TX 78232</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> <u>Matthew A. Wilber</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	