

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90244 004 \*\*\*150.00

**DOCUMENT # F98000001518**

1. Entity Name

**BRANDED RESTAURANT GROUP, INC.**



Principal Place of Business

**ONE KRAFT COURT  
GLENVIEW IL 60025**

Mailing Address

**TAX DEPT. NF15  
THREE LAKES DRIVE  
NORTHFIELD IL 60093**

2. Principal Place of Business

3. Mailing Address



MOORE CR2E034 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**36-3963730**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **AC**  
STREET ADDRESS **PAYNTER, BONITA B**  
CITY-ST-ZIP **THREE LAKES DRIVE  
NORTHFIELD IL 60093**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VTC**  
STREET ADDRESS **MOWRER, JOHN F**  
CITY-ST-ZIP **THREE LAKES DRIVE  
NORTHFIELD IL 60093**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VPS**  
STREET ADDRESS **SPEAR, KATHLEEN K**  
CITY-ST-ZIP **THREE LAKES DRIVE  
NORTHFIELD IL 60093**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **SAMPSON, THOMAS H**  
CITY-ST-ZIP **THREE LAKES DRIVE  
NORTHFIELD IL 60093**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **AS**  
STREET ADDRESS **GALVIN, DEBORAH L**  
CITY-ST-ZIP **THREE LAKES DRIVE  
NORTHFIELD IL 60093**

TITLE ☒ Change ☐ Addition  
NAME **AS**  
STREET ADDRESS **ENDRES, KRISTA A.**  
CITY-ST-ZIP **THREE LAKES DRIVE  
NORTHFIELD, IL 60093**

TITLE ☐ Delete  
NAME **VPAS**  
STREET ADDRESS **HERST, ROBERT L**  
CITY-ST-ZIP **THREE LAKES DRIVE  
NORTHFIELD IL 60093**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KRISTA A ENDRES**

**4/21/04**

**(847) 646-2053**

Date

Daytime Phone #

*Attachment*

*#K9800001518*

**BRANDED RESTAURANT GROUP, INC.**

**OFFICERS**

<u>NAME</u>	<u>OFFICE ADDRESS</u>
Thomas H. Sampson President	One Kraft Court Glenview, IL 60025
Kathleen Kelly Spear VP & Secretary	Three Lakes Drive Northfield, IL 60093
John F. Mowrer VP, Treas. & Controller	Three Lakes Drive Northfield, IL 60093
Bonita B. Paynter Assistant Controller	Three Lakes Drive Northfield, IL 60093
Theodore L. Banks VP & Asst. Secretary	Three Lakes Drive Northfield, IL 60093
Krista A. Endres Assistant Secretary	Three Lakes Drive Northfield, IL 60093
Robert L. Herst VP & Asst. Secretary	Three Lakes Drive Northfield, IL 60093
Wilbur F. Pell, III Asst. Secretary	Three Lakes Drive Northfield, IL 60093

**DIRECTORS**

Thomas H. Sampson	One Kraft Court Glenview, IL 60025
John F. Mowrer	Three Lakes Drive Northfield, IL 60093
Kathleen Kelly Spear	Three Lakes Drive Northfield, IL 60093