## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2001 8:00 am Secretary of State DOCUMENT # F98000001619 1. Entity Name BEST FRANCHISING, INC. 04-23-2001 90215 014 \*\*\*150.00 Mailing Address Principal Place of Business 13 CORPORATE SQUARE, STE. 250 13 CORPORATE SQUARE, STE. 250 ATLANTA GA 30329 ATLANTA GA 30329 2. Principal Place of Business 3. Mailing Address Same as above same as abuve Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 58-2373272 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition CCEO Delete TITLE TITLE LEVEN, MICHAEL A NAME NAME 13 CORPORATE SQUARE, STE. 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30329 CITY-ST-ZIP SVP, Finance VCFO Addition Change TITLE TITLE Mark Dayman 13 Corporate Suuve, Suite 250 Atlanta 1617 30329 ARONSON, NEAL K NAME NAME 13 CORPORATE SQUARE, STE. 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30329 CITY-ST-ZIP V.P., S\_\_\_ ☐ Change Addition . TITLE - Delete TITI F ARONSON, STEPHEN D NAME NAME 13 CORPORATE SQUARE, STE. 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30329 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE DARBY, JAMES D NAME NAME 13 CORPORATE SQUARE, STE. 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30329 Delete Change ☐ Addition TITLE TITL F SHAW, DAVID E SR. NAME NAME 13 CORPORATE SQUARE, STE. 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30329 P. COO, P ☐ Delete ☐ Change Addition TITLE TITLE ROMANIELLO, STEVE NAME NAME 13 CORPORATE SQUARE, STE, 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30329

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

415/01

(401)235-7463

Daytime Phone #

FILED