


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90027 004 ***150.00

DOCUMENT # F99000006743	
1. Entity Name THE RESTAURANT COMPANY OF DELAWARE	

Principal Place of Business 6075 POPLAR AVENUE, SUITE 800 MEMPHIS, TN 38119	Mailing Address 6075 POPLAR AVENUE, SUITE 800 MEMPHIS, TN 38119
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20030885



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04042005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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4. FEI Number 62-1254388	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SMITH, DONALD N 6075 POPLAR AVENUE, SUITE 800 MEMPHIS, TN 38119 <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	PCOO TRUNGLE, JOSEPH F 6075 POPLAR AVENUE, SUITE 800 MEMPHIS, TN 38119 <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	EVPO MCCLELLAN, STEVEN R 6075 POPLAR AVENUE, SUITE 800 MEMPHIS, TN 38119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MICHAEL P. DONAHUE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6075 POPLAR AVE., STE 800 MEMPHIS, TN 38119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WHITELEY, ANDREW G 6075 POPLAR AVE, SUITE 800 MEMPHIS, TN 38119 <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	VPHR FORGIONE, WILLIAM S 6075 POPLAR AVENUE, SUITE 800 MEMPHIS, TN 38119 <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	VPOA HARRINGTON, CLYDE J 6750 POPLAR AVE NUE, SUITE 800 MEMPHIS, TN 38119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. ROBERT WINTERS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6075 POPLAR AVE, STE 800 MEMPHIS, TN 38119

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: Michael P. Donahue **MICHAEL P. DONAHUE** 4/6/05 (701) 766-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #