


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # H37839 1. Entity Name IN-N-OUT HAMBURGERS, INC.	
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Principal Place of Business 4199 CAMPUS DRIVE 9TH FLOOR IRVINE, CA 92612 US	Mailing Address 4199 CAMPUS DRIVE 9TH FLOOR IRVINE, CA 92612 US
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04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-3962757	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNYDER, ESTHER L 4199 CAMPUS DRIVE, 9TH FLOOR IRVINE, CA 92612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOTCH, ROGER L 4199 CAMPUS DRIVE, 9TH FLOOR IRVINE, CA 92612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOYD, RICH 4199 CAMPUS DRIVE, 9TH FLOOR IRVINE, CA 92612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MARK 4199 CAMPUS DRIVE, 9TH FLOOR IRVINE, CA 92612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

1100000360451
05/05/05-80033-019 150.00

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:  **4/27/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #