
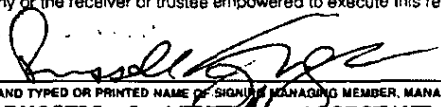


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

504132912565 182
05-04-2004 90016 004 *****50.00
M03000002606

DOCUMENT # M03000002606				 PH 12:31 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
1. Entity Name WHITE CASTLE DISTRIBUTING LLC.					
Principal Place of Business 555 W. GOODALE ST. COLUMBUS OH 43215			Mailing Address 555 W. GOODALE ST. COLUMBUS OH 43215		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number. 31-1185982	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CT 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		
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 \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
SEE ATTACHED					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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	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	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				614-228-5781	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE RUSSELL J. MEYER ASSISTANT TREASURER					

Attachment



MANAGEMENT CO.

24064647

M03600002600

White Castle Distributing, Inc
Officers & Directors
Officers as of January 26, 2004

Edgar W. Ingram III, Director & President
555 West Goodale Street
Columbus, Ohio 43215

G. Roger Post, Director & Vice President & Secretary
555 West Goodale Street
Columbus, Ohio 43215

William A. Blake, Director & Vice President
555 West Goodale Street
Columbus, Ohio 43215

Maryann Kelley, Director
555 West Goodale Street
Columbus, Ohio 43215

Jon M. Anderson, Director
555 West Goodale Street
Columbus, Ohio 43215

FILED
2004 MAY 11 PM 12:31
CLERK OF COURTS
ATLANTA, GEORGIA