

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90038 025 \*\*\*\*50.00

**DOCUMENT # M03000002606**

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

Zip

Country

Zip

Country

4. FEI Number

**31-1185982**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT 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 \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **INGRAM, EDGAR W III**  
CITY-ST-ZIP **555 W. GOODALE ST.  
COLUMBUS OH 43215**

TITLE ☐ Delete  
NAME **DVPS**  
STREET ADDRESS **POST, G. ROGER**  
CITY-ST-ZIP **555 W. GOODALE ST.  
COLUMBUS OH 43215**

TITLE ☒ Delete  
NAME **DVP**  
STREET ADDRESS **BLAKE, WILLIAM A**  
CITY-ST-ZIP **555 W. GOODALE ST.  
COLUMBUS OH 43215**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **KELLEY, MARYANN**  
CITY-ST-ZIP **555 W. GOODALE ST.  
COLUMBUS OH 43215**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ANDERSON, JON M**  
CITY-ST-ZIP **555 W. GOODALE ST.  
COLUMBUS OH 43215**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition  
NAME **VICE PRESIDENT TREASURER**  
STREET ADDRESS **RUSSELL J. MEYERS**  
CITY-ST-ZIP **555 WEST GOODALE STREET; COLUMBUS, OHIO  
43215**

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**ANNA E. HUFFNER**

**ASSISTANT TREASURER**

**4-27-06**

**614-228-5781**