

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42534

FILED  
Feb 20, 2009  
Secretary of State

**Entity Name:** DARDEN RESTAURANTS, INC. EMPLOYEE CLUB, INC.

**Current Principal Place of Business:**

5900 LAKE ELLENOR DR  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

6100 LAKE ELLENOR DR  
CORPORATE TAX DEPT  
ORLANDO, FL 32809

**New Mailing Address:**

**FEI Number:** 59-3075964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARGARET MOSS  
6100 LAKE ELLENOR DRIVE  
ORLANDO, FL 32809 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MORAN, SANDY  
Address: 5900 LAKE ELLENOR DRIVE  
City-St-Zip: ORLANDO, FL 32809

Title: S ( ) Delete  
Name: SALVAS, BETTY  
Address: 5900 LAKE ELLENOR DR  
City-St-Zip: ORLANDO, FL

Title: T ( ) Delete  
Name: PERINE, DENISE  
Address: 6100 LAKE ELLENOR DRIVE  
City-St-Zip: ORLANDO, FL 32809

Title: V (X) Delete  
Name: MOSS, MARGARET  
Address: 6100 LAKE ELLENOR DR  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SALVAS, BETTY  
Address: 5900 LAKE ELLENOR DRIVE  
City-St-Zip: ORLANDO, FL 32809

Title: S (X) Change ( ) Addition  
Name: WYSOKOWSKI, JEANNINE  
Address: 5900 LAKE ELLENOR DR  
City-St-Zip: ORLANDO, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY SALVAS

P

02/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date