FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 10 PM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48261 (4)

1. Corporation Name
CHAIN RESTAURANT COMPENSATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5900 LAKE ELLENOR DRIVE ORLANDO FL 32859	5900 LAKE ELLENOR DRIVE ORLANDO FL 32859

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1992
3a. Date of Last Report: 03/15/1994
4. FEI Number: 65-0328165 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WOOLSEY, DARLENE G
5900 LAKE ELLENOR DRIVE
ORLANDO FL 32859

10. Name and Address of New Registered Agent

81 Name: Paul T Moskowitz
82 Street Address (P.O. Box Number is Not Acceptable): 5900 Lake Ellenor Dr
83
84 City: Orlando FL 85 Zip Code: 32809

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

* SIGNATURE: Paul T. Moskowitz — 3/2/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	1.1 TITLE	DP	☐ Change ☐ Addition
NAME	WOOD, STEPHEN	1.2 NAME		
STREET ADDRESS	208 E MAIN ST P-4-1	1.3 STREET ADDRESS		
CITY-ST-ZIP	SPARTANBURG SC	1.4 CITY-ST-ZIP	29319	
TITLE	~~VD~~	2.1 TITLE	I	☐ Change ☐ Addition
NAME	~~WILKINS, CRAIG~~	2.2 NAME		
STREET ADDRESS	~~4288 W. DUBLIN GRANVILLE~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~DUBLIN OH~~	2.4 CITY-ST-ZIP		
TITLE	DP	3.1 TITLE	VD	☐ Change ☐ Addition
NAME	VARANO, ANNE	3.2 NAME		
STREET ADDRESS	35 BRAINTREE HILL PK	3.3 STREET ADDRESS		
CITY-ST-ZIP	BRAINTREE MA	3.4 CITY-ST-ZIP	02184	
TITLE	ST	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, GINNY	4.2 NAME		
STREET ADDRESS	101 JERRICO DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY	4.4 CITY-ST-ZIP	40509	
TITLE	V	5.1 TITLE	DV	☐ Change ☐ Addition
NAME	HESTER, HESTER	5.2 NAME	Hester, Teresa	
STREET ADDRESS	6075 POPLAR AVE, STE. 800	5.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN	5.4 CITY-ST-ZIP	38119	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen W. Wood — Stephen W. Wood — 2/27/95 — 803 577 8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037644