FILE NOW: FILING FEE IS $61.25

APPROVED AND FILED
98 OCT 23 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N48261

1. Corporation Name

Chain Restaurant Compensation Association, Inc.

Principal Place of Business	Mailing Address
5000 Lake Ellenor Dr. Orlando, FL 32859	5000 Lake Ellenor Dr. Orlando, FL 32859

3. Date Incorporated or Qualified: 4/3/92

4. FEI Number: 65-0328165 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Jon Reiker 5900 Lake Ellenor Dr. Orlando, FL 32859	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ 10/22/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Co-President D/P Stepehn Wood 208 E.Main St. Spartanburg, SC ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D/P Frank Tucker 17901 Von Karman ~~Irvine, CA 92714~~ ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Co-President D/P Anne Varano 7540 LBJ Fwy, #100 ~~Dallas, TX~~ 75251 XXX DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D/VP Linda Wishard 8918 Tesora,#200,San Antonio,TX ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000002674670---1 -10/28/98--01075--003 *****61.25 *****61.25 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	~~D/VP~~ Sandy Vick 1233 Hardees Blvd. Rocky Mount,NC 27801 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	COMPENSATION SURVEY COORDINATOR Diane Schutz 5500 Village Blvd. West Palm Beach,FL33419 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	S/T Linda Farina 6500 International Pkwy. ~~Plano, TX 75093~~ ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE 10/23	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	BENEFITS SURVEY COORDINATOR XX Jon Reiker PO Box 593330 ~~5900 LAKE ELLENOR DRIVE~~ Orlando, FL ~~32859~~ 32809 ☐ Change ☒ Addition

CR2E037 (10/97)

14. 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 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: Linda M. Farina Linda M. Farina 9/15/98 (972) 588-5166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #