SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 30, 1999 8:00 am
Secretary of State
08-30-1999 90008 046 ****61.25

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DOCUMENT # N48261

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	04/03/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0328165 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REIKER, JON 5900 LAKE ELLENOR DRIVE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TUCKER, FRANK	1.2 NAME	
STREET ADDRESS	17901 VON KARMAN	1.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92714	1.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	2.1 TITLE DP	☒ Change ☐ Addition
NAME	WISHARD, LINDA	2.2 NAME	
STREET ADDRESS	8918 TESORA #200	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	2. 4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VICK, SANDY	3.2 NAME	
STREET ADDRESS	1233 HARDEES BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKY MOUNT NC 27801	3.4. CITY-ST-ZIP	
TITLE	CSC ☐ DELETE	4.1 TITLE DV	☒ Change ☐ Addition
NAME	SCHUTZ, DIANE	4. 2 NAME	
STREET ADDRESS	5500 VILLAGE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33419	4.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FARINA, LINDA	5.2 NAME	
STREET ADDRESS	6500 INTERNATIONAL PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75093	5.4 CITY-ST-ZIP	
TITLE	BSC ☒ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	REIKER, JON	6.2 NAME	
STREET ADDRESS	5900 LAKE ELLENOR DRIVE	6.3 STREET ADDRESS	John Prutsman
CITY-ST-ZIP	ORLANDO FL 32859	6.4 CITY-ST-ZIP	4551 W. 107th Street, Suite 100 Overland Park, KS 66207

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, with all other like empowered.

SIGNATURE: Signature Required 8/26/99 (972) 588-5166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)