2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2001 8:00 am
Secretary of State
08-15-2001 90003 016 ****61.25

0004180

DOCUMENT # N48261

1. Entity 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

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 65-0328165 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEIKER, JON 5900 LAKE ELLENOR DRIVE ORLANDO FL 32859	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.

SIGNATURE Jon Leiker 7/18/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WISHARD, LINDA 8918 TESORA #200 SAN ANTONIO TX	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Lange, Cornie 2401 Utah Ave South Seattle WA 98134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV RAINS, JOHN 305 HARTMANN DRIVE LEBANON TN 37087	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SCHUTZ, DIANE 5500 VILLAGE BLVD WEST PALM BEACH FL 33419	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SMITH, TERRY 203 E MAIN STREET SPARTANBURG LA 29319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Spartanburg, SC 29319	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BSC PRUTSMAN, JOHN 4551 W 107TH ST SUITE 100 OVERLAND PARK KS 66207	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BSC Kavanaugh, Shelli 6820 LBJ Freeway Dallas TX 75240	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Wehr, Marilyn 4288 W. Dublin-Granville Rd Dublin OH 43017	☐ Change ☑ Addition

CR2E037 (5/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE VP-elect 8/10/01 (864)597-8191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #