

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48261

FILED
Feb 15, 2007
Secretary of State

Entity Name: CHAIN RESTAURANT COMPENSATION ASSOCIATION, INC.

Current Principal Place of Business:

1675 N. BUENA VISTA DRIVE
SUITE 325
LAKE BUENA VISTA, FL 32830

New Principal Place of Business:

Current Mailing Address:

1675 N. BUENA VISTA DRIVE
SUITE 325
LAKE BUENA VISTA, FL 32830

New Mailing Address:

FEI Number: 65-0328165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUSER, CRAIG
1675 N. BUENA VISTA DRIVE
SUITE 325
LAKE BUENA VISTA, FL 32830 US

Name and Address of New Registered Agent:

HAUSER, CRAIG
1675 N. BUENA VISTA DRIVE
SUITE 325
LAKE BUENA VISTA, FL 32830 US

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: CRAIG HAUSER

02/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAUSER, CRAIG
Address: 1675 N. BUENA VISTA DRIVE
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: V () Delete
Name: GOODEN, STEPHANIE
Address: 808 W. 20TH STREET
City-St-Zip: CHEYENNE, WY 82001

Title: V () Delete
Name: TINCHER, ANN
Address: 2470 PALUMBO DRIVE
City-St-Zip: LEXINGTON, KY 40509

Title: ST () Delete
Name: SORCE, LISA
Address: 15822 BERNARDO CENTER DRIVE, #A
City-St-Zip: SAN DIEGO, CA 92127

Title: D () Delete
Name: MANNINO, GLORIA
Address: 4201 MARSH LANE
City-St-Zip: CARROLLTON, TX 75007

Title: D () Delete
Name: WARNER, CARLA
Address: 2211 WOODWARD AVENUE
City-St-Zip: DETROIT, MI 48201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GOODEN, STEPHANIE
Address: 808 W. 20TH STREET
City-St-Zip: CHEYENNE, WY 82001

Title: VPRE (X) Change () Addition
Name: TINCHER, ANN
Address: 2470 PALUMBO DRIVE
City-St-Zip: LEXINGTON, KY 40509

Title: VPEL (X) Change () Addition
Name: PRITCHARD, SANDEE
Address: 935 TAYLOR STATION ROAD
City-St-Zip: COLUMBUS, OH 43230

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

Title: D (X) Change () Addition
Name: RAWLINS, DANA
Address: P.O. BOX 787
City-St-Zip: LEBANON, TN 37088

Title: PPRE (X) Change () Addition
Name: HAUSER, CRAIG
Address: 1675 N. BUENA VISTA DRIVE, SUITE 325
City-St-Zip: LAKE BUENA VISTA, FL 32830

I hereby certify that the information supplied with this filing does not qualify for the 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: CRAIG HAUSER

PPRE

02/15/2007

Electronic Signature of Signing Officer or Director

Date