2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48261

FILED May 07, 2009 Secretary of State

Entity Name: CHAIN RESTAURANT COMPENSATION ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1675 N. BUENA VISTA DRIVE SUITE 325 LAKE BUENA VISTA, FL 32830 **New Mailing Address: Current Mailing Address:** 4300 W. CYPRESS STREET SUITE 600 TAMPA, FL 33607 FEI Number: 65-0328165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARKNESS, WENDY 4300 W. CYPRESS STREET SUITE 600 TAMPA, FL 33607 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** (X) Change () Addition () Delete HARKNESS, WENDY TINCHER, ANNE Name: Name: 2470 PALUMBO DRIVE Address: 1935 ABBEY RIDGE DRIVE Address: City-St-Zip: LEXINGTON, KY 40509 City-St-Zip: DOVER, FL 33527 Title: **VPRE** () Delete Title: **VPRE** (X) Change () Addition HARKNESS, WENDY Name: ALLISON, ELIZABETH Name: Address: 1935 ABBEY RIDGE DRIVE Address: 6820 LBJ FREEWAY City-St-Zip: DOVER, FL 33527 City-St-Zip: DALLAS, TX 75420 Title: **VPEL** () Delete Title: (X) Change () Addition ALLISON, ELIZABETH KEEBLE, MELODY Name: Name: 4441 W. AIRPORT FREEWAY Address: 6820 LBJ FREEWAY Address: City-St-Zip: DALLAS, TX 75240 City-St-Zip: IRVING, TX 75062 Title: BD () Delete Title: () Change () Addition Name: GOUGH, SHARON Name: 2417 HIBISCUS BAY LANE Address: Address: City-St-Zip: BRANDON, FL 33607 City-St-Zip: Title: () Delete Title: () Change () Addition RAWLINS, DANA Name: Name: P.O. BOX 787 Address: Address: LEBANON, TN 37088 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition HAUSER, CRAIG Name: Name: Address: 1675 N. BUENA VISTA DRIVE, SUITE 325 Address: LAKE BUENA VISTA, FL 32830 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WENDY HARKNESS PRES 05/07/2009