

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48261

FILED
Apr 01, 2010
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:

4300 W. CYPRESS STREET
SUITE 600
TAMPA, FL 33607

New Mailing Address:

2417 HIBISCUS BAY LANE
BRANDON, FL 33511

FEI Number: 65-0328165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARKNESS, WENDY
4300 W. CYPRESS STREET
SUITE 600
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

HARKNESS, WENDY
2417 HIBISCUS BAY LANE
BRANDON, FL 33511 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:

04/01/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: HARKNESS, WENDY
Address: 1935 ABBEY RIDGE DRIVE
City-St-Zip: DOVER, FL 33527

Title: VPRE
Name: ALLISON, ELIZABETH
Address: 6820 LBJ FREEWAY
City-St-Zip: DALLAS, TX 75420

Title: MD
Name: KEEBLE, MELODY
Address: 4441 W. AIRPORT FREEWAY
City-St-Zip: IRVING, TX 75062

Title: BD
Name: GOUGH, SHARON
Address: 2417 HIBISCUS BAY LANE
City-St-Zip: BRANDON, FL 33607

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

I hereby 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 all other like empowered.

SIGNATURE: SHARON GOUGH

BD

04/01/2010

Electronic Signature of Signing Officer or Director

Date