2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P03568

Entity Name: FRIENDLY ICE CREAM CORPORATION

Current Principal Place of Business:

1855 BOSTON RD
WILBRAHAM, MA 01095

New Principal Place of Business:

Current Mailing Address:

1855 BOSTON RD
WILBRAHAM, MA 01095

New Mailing Address:

FEI Number: 04-2053130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: SMITH, DONALD N
Address: 2431 ADAMSWAY DRIVE
City-St-Zip: AURORA, IL 60504

Title: DPCE ( ) Delete
Name: CONDOS, GEORGE M
Address: 299 GREAT BAY STREET
City-St-Zip: EAST FALMOUTH, MA 02536

Title: V ( ) Delete
Name: GREEN, KENNETH D
Address: 19 WINDING RIDGE LANE
City-St-Zip: WESTFIELD, MA 01085

Title: T ( ) Delete
Name: SCHWENDERMANN, T. TODD
Address: 16 WEST COLONIAL RD.
City-St-Zip: WILBRAHAM, MA 01095

Title: VCFO ( ) Delete
Name: HOAGLAND, PAUL V
Address: 17 DANFORTH FARMS RD
City-St-Zip: WILBRAHAM, MA 01095

Title: SV (X) Delete
Name: PASTORE, GREGORY
Address: 8 POWERS DRIVE
City-St-Zip: WILBRAHAM, MA 01095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DONAHOE, MICHAEL P
Address: 1855 BOSTON RD
City-St-Zip: WILBRAHAM, MA 01095

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

Title: V (X) Change ( ) Addition
Name: SAWYER, ROBERT K JR
Address: 1855 BOSTON RD
City-St-Zip: WILBRAHAM, MA 01095

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRYSTAL FICKEN POA 05/01/2008

Electronic Signature of Signing Officer or Director Date