

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 06 1997 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT #  
1. Corporation Name

PO3650

Select Restaurants, Inc. of Ohio

Principal Place of Business

Mailing Address

30050 Chagrin Blvd.  
Pepper Pike, OH 44124  
5

c/o Tax Dept.  
30050 Chagrin Blvd.  
Pepper Pike, OH 44124

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/09/1984

3a. Date of Last Report

03/31/1996

4. FEI Number

94-2150229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                 |                                 |
|----------------|-----------------|---------------------------------|
| TITLE          | PD              | <input type="checkbox"/> DELETE |
| NAME           | Quagliata, John |                                 |
| STREET ADDRESS | 55 Oriot St.    |                                 |
| CITY-ST-ZIP    | Hudson, OH      |                                 |

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | William R. Loeb     |                                 |
| STREET ADDRESS | 6911 Brandywine Dr. |                                 |
| CITY-ST-ZIP    | Parma Hts, OH       |                                 |

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | S                 | <input type="checkbox"/> DELETE |
| NAME           | Johnson, Lance B. |                                 |
| STREET ADDRESS | 30789 Providence  |                                 |
| CITY-ST-ZIP    | Pepper Pike, OH   |                                 |

|                |                    |                                            |
|----------------|--------------------|--------------------------------------------|
| TITLE          | VTD                | <input checked="" type="checkbox"/> DELETE |
| NAME           | Robert Martino     |                                            |
| STREET ADDRESS | 170 Village Circle |                                            |
| CITY-ST-ZIP    | Chagrin Falls, OH  |                                            |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |

|                    |                           |                                                                              |
|--------------------|---------------------------|------------------------------------------------------------------------------|
| 2.1 TITLE          | Vice President, Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           |                           |                                                                              |
| 2.3 STREET ADDRESS |                           |                                                                              |
| 2.4 CITY-ST-ZIP    |                           |                                                                              |

|                    |                                                                   |  |
|--------------------|-------------------------------------------------------------------|--|
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 3.2 NAME           |                                                                   |  |
| 3.3 STREET ADDRESS |                                                                   |  |
| 3.4 CITY-ST-ZIP    |                                                                   |  |

|                    |                                                                   |  |
|--------------------|-------------------------------------------------------------------|--|
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 4.2 NAME           |                                                                   |  |
| 4.3 STREET ADDRESS |                                                                   |  |
| 4.4 CITY-ST-ZIP    |                                                                   |  |

|                    |                    |                                                                              |
|--------------------|--------------------|------------------------------------------------------------------------------|
| 5.1 TITLE          | Director           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | Anthony Martino    |                                                                              |
| 5.3 STREET ADDRESS | 37067 Shaker Blvd. |                                                                              |
| 5.4 CITY-ST-ZIP    | Hunting Valley, OH |                                                                              |

|                    |                                                                   |  |
|--------------------|-------------------------------------------------------------------|--|
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 6.2 NAME           |                                                                   |  |
| 6.3 STREET ADDRESS |                                                                   |  |
| 6.4 CITY-ST-ZIP    |                                                                   |  |

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. R. Loeb William R. Loeb 4/30/97 (216) 464-6606