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Secretary of State

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03650

1. Corporation Name
Select Restaurants, Inc. of Ohio

[redacted]

Principal Place of Business
30050 Chagrin Blvd.
Pepper Pike, OH 44124
S

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

3. Date Incorporated or Qualified: 10/09/1984
3a. Date of Last Report: 03/31/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

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

9. Name and Address of Current Registered Agent
CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Quagliata, John	1.2 NAME	
STREET ADDRESS	55 Oviot St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Hudson, OH	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	Vice President, Treasurer ☐ Change ☒ Addition
NAME	William R. Loeb	2.2 NAME	
STREET ADDRESS	6911 Brandywine Dr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Parma Hts., OH	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Johnson, Lance B.	3.2 NAME	
STREET ADDRESS	30789 Providence	3.3 STREET ADDRESS	
CITY-ST-ZIP	Pepper Pike, OH	3.4 CITY-ST-ZIP	
TITLE	VTD ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Robert Martino	4.2 NAME	
STREET ADDRESS	170 Village Circle	4.3 STREET ADDRESS	
CITY-ST-ZIP	Chagrin Falls, OH	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	Director ☐ Change ☒ Addition
NAME		5.2 NAME	Anthony Martino
STREET ADDRESS		5.3 STREET ADDRESS	37067 Shaker Blvd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Hunting Valley, OH
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(REV. 01/96)