FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P18459 (8)

1. Corporation Name
RIBBY'S RESTAURANT, INC.

Principal Place of Business
P.O. BOX 224018
TAX DEPT
DALLAS TX 75222-4018
US

Mailing Address
P.O. BOX 224018
TAX DEPARTMENT
DALLAS TX 75222-4018
US

3. Date Incorporated or Qualified: 03/16/1988
3a. Date of Last Report: 01/24/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 51-0306524 — 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 I 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 name/address) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	KAUFMAN, MICHAEL S.		1.2 NAME	
STREET ADDRESS	TERMINAL DR., PO BOX 578		1.3 STREET ADDRESS	12404 PARK CENTRAL DR.
CITY-ST-ZIP	DAYTON OH		1.4 CITY-ST-ZIP	Dallas, Tx 75251
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, JAMES W.		2.2 NAME	
STREET ADDRESS	12404 PARK CENTRAL DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX		2.4 CITY-ST-ZIP	
TITLE	T	☒ DELETE	3.1 TITLE	TREASURER ☐ Change ☒ Addition
NAME	RIEGER, JAMES J.		3.2 NAME	DIANA S. WYNNE
STREET ADDRESS	TERMINAL DR., PO BOX 578		3.3 STREET ADDRESS	12404 PARK CENTRAL DR.
CITY-ST-ZIP	DAYTON OH		3.4 CITY-ST-ZIP	Dallas, Tx 75251
TITLE		☐ DELETE	4.1 TITLE	ASSISTANT SECRETARY ☐ Change ☒ Addition
NAME			4.2 NAME	CAROLYN CARPENTER
STREET ADDRESS			4.3 STREET ADDRESS	12404 PARK CENTRAL DR.
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Dallas, Tx 75251
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	Bank Deposit of $200.00 on 4/23/96
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Carolyn Carpenter — CAROLYN CARPENTER ASSISTANT SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96
Date

214-404-5013
Daytime Phone #

CR2E034 (12/95)