

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P33432**  
 1. Entity Name  
**GOLDEN CORRAL FRANCHISING SYSTEMS, INC.**



Principal Place of Business  
**5151 GLENWOOD AVENUE**  
**RALEIGH, NC 27612**

Mailing Address  
**ATTN: TAX DEPT.**  
**P.O. BOX 29502**  
**RALEIGH, NC 27626**



01252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-1493583** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000816275  
 02/14/08-80043-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOWLER, THEODORE M., JR.
STREET ADDRESS	5151 GLENWOOD AVENUE
CITY-ST-ZIP	RALEIGH, NC
TITLE	DVP
NAME	BELL, C LAMAR
STREET ADDRESS	5151 GLENWOOD AVE
CITY-ST-ZIP	RALEIGH, NC 27612
TITLE	VPS
NAME	HEYWARD, ROBERT B
STREET ADDRESS	5151 GLENWOOD AVE
CITY-ST-ZIP	RALEIGH, NC
TITLE	T
NAME	WHITWORTH, J DALE
STREET ADDRESS	5151 GLENWOOD AVE
CITY-ST-ZIP	RALEIGH, NC 27612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** C. Lamar Bell *C. Lamar Bell* **1-28-08** **919 781-9310**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #