## FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90165 030 \*\*\*150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 10084971 DOCUMENT # P35986 1. Entity Name CFC FRANCHISING COMPANY Principal Place of Business Mailing Address 203 EAST MAIN STREET 203 EAST MAIN ST SPARTANBURG, SC 29319 US SPARTANBURG, SC 29319 3. Mailing Address 3355 MICHELSON DRIVE 2. Principal Place of Business
3355 MICHELSON DRIVE Suite, Apl. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES city & State Try I've CA 4. FEI Number Applied For 33-0420186 Not Applicable Country USA 72012 Country USA \$8.75 Additional Fee Required 5. Certificate of Status Desired and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 FL Zip Code City 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. (NOTE: Registered Agents ignature required when reinstating) FILE NOWILL FEE IS \$150.00 After May 1-2003 Fee will be \$550.00 Check Payable to Florida Department of State \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete PVIT PCFO TITLE √⊈Í Change 🔲 Adoltion TITLE J. Jeffren Campbell DEVOY, DAVID O NAME NAME 3355 MICHELSON DR., STE 350 STREET ADDRESS 3355 Nichelson DR. #350 Irvine CA 92612 CITY-ST-2P IRVINE, CA 92612 CITY-51-2IP De lete Change Addition TITLE TITLE **VPAS** NAME NELL, ROSS B NAME Timothy Pickwell STREET ADDRESS 203 E MIAN ST STREET ADDRESS 3355 Michelson DR. \$350 France CA 92612 CHY-ST-ZP SPARTANBURG, SC 29319 C#Y-S1-21P TOLE EVSD 1171 \$ 🛣 Delete Frederick Simon MAME PARISH, RHONDA J NALAF STREET ADDRESS 203 E. MAIN ST. STREET ADDRESS 411 W. Putham Ave. Greenwich CT06830 SPARTANBURG, SC 29319 CITY-ST-2P CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE CHRISTIAN, GEOFFREY J NAME NAME 203 E MAIN ST. STREET ADDRESS STREET ADDRESS SPARTANBURG, SC 29319 CITY-57-21P CITY-57-2P TITLE VPT To De le te TITLE ☐ Change ☐ Addition JONES, KENNETH E NAME 203 E MAIN ST STREET ADDRESS STREET ADDRESS SPARTANBURG, SC 29319 CITY-ST-ZIP City-S1-ZP De lete TITLE ☐ Change Addition LIBHART, BETH L STREET ADDRESS 3365 MICHELSON DR., SUITE 350 STREET ADDRESS IRVINE, CA 92612 City-51-21P 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 TIMOTITY PERWELL 4/21/03 (949) 251-5190 SIGNATURE SIGNATURE AND PPED OF