FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:41

DOCUMENT # P38124 (4)

1. Corporation Name
ROMACORP, INC.

Principal Place of Business	Mailing Address
9304 FOREST LN. STE. 200 DALLAS TX 75243 US	9304 FOREST LN. STE. 200 DALLAS TX 75243 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/31/1992
3a. Date of Last Report: 07/20/1994

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

4. FEI Number: 75-2405063 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	PAGE, ROBERT B	12 NAME		
STREET ADDRESS	9304 FOREST LANE, STE. 200	13 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	14 CITY-ST-ZIP		
TITLE	VPS	21 TITLE		☐ Change ☐ Addition
NAME	SHORT, DAVID G.	22 NAME		
STREET ADDRESS	9304 FOREST LN., STE. 200	23 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	24 CITY-ST-ZIP		
TITLE	VPD	31 TITLE		☒ Change ☐ Addition
NAME	SCHWARTZ, JAMES K	32 NAME		
STREET ADDRESS	100 N. PINE	33 STREET ADDRESS	720 W. 20th Street	
CITY-ST-ZIP	PITTSBURG KS	34 CITY-ST-ZIP		
TITLE	~~D~~	41 TITLE		☒ Change ☐ Addition
NAME	~~BOYD, MITCHELL M~~	42 NAME		
STREET ADDRESS	~~100 N. PINE~~	43 STREET ADDRESS	~~720 W. 20th Street~~	
CITY-ST-ZIP	~~PITTSBURG KS 66762~~	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: James G Short David G. Short, VP, 2-13-95 214-343-7800
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0472038 FP