

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 01 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **094000079944**  
1. Corporation Name  
**RPM Restaurant Operating Corporation**

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| 2. Principal Place of Business<br>21 <b>20 Broad Street</b><br>Suite, Apt. #, etc.<br>22 <b>27th Floor</b><br>City & State<br>23 <b>New York, NY</b><br>Zip<br>24 <b>10005</b> |  | 2a. Mailing Address<br>25 <b>20 Broad Street</b><br>Suite, Apt. #, etc.<br>27 <b>27th Floor</b><br>City & State<br>28 <b>New York, NY</b><br>Zip<br>29 <b>10005</b> |  | 3. Date Incorporated or Qualified<br><b>11/1/94</b>  |  | 4. FEI Number<br><b>65-0653916</b><br>Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  | 7. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT Corporation System  
1200 South Pine Island Road  
Plantation Florida 33324**

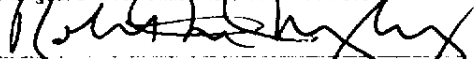
|   |           |
|---|-----------|
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 85 Zip Code   |           |

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

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE             | 1.1 TITLE   | <b>D/V/S/T/</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Murphy, Robert M.</b>                             | 1.2 NAME  | <b>Murphy, Robert M.</b>   |
| STREET ADDRESS             | <b>% RPM Specialist Corp., 20 Broad St.</b>          | 1.3 STREET ADDRESS                                    | <b>% ROBB PECK MCCOOEY, 20 Broad St., 27th</b>   |
| CITY-ST-ZIP                | <b>27th Fl., New York, NY 10005</b>                  | 1.4 CITY-ST-ZIP                                       | <b>New York, NY 10005</b>  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE             | 2.1 TITLE   | <b>D/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME                       | <b>Robb, George E. Jr.</b>                           | 2.2 NAME  | <b>Robb George E. Jr.</b>  |
| STREET ADDRESS             | <b>% RPM Specialist Corp., 20 Broad St.</b>          | 2.3 STREET ADDRESS                                    | <b>% ROBB PECK MCCOOEY, 20 Broad St., 27th</b>   |
| CITY-ST-ZIP                | <b>27th Fl., New York, NY 10005</b>                  | 2.4 CITY-ST-ZIP                                       | <b>New York, NY 10005</b>  |
| TITLE                      | <b>VP</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   |  |
| NAME                       | <b>Upthegrove, Bruce</b>                             | 3.2 NAME  |  |
| STREET ADDRESS             | <b>740 Ocean Drive</b>                               | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>Miami Beach, FL 33140</b>                         | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |  | 4.1 TITLE   |  |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |  | 5.1 TITLE   |  |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |  | 6.1 TITLE   |  |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |  |

14. I 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:  **Robert M. Murphy** 4/24/98 v128378687  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR254 (1097)