

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90002 026 ***150.00

A0031075

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000025580
1. Entity Name
 Darden Restaurants, Inc.

Principal Place of Business 5900 Lake Ellenor Drive
 Orlando, FL 32809
Mailing Address 5900 Lake Ellenor Drive
 Orlando, FL 32809

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number 59-3305930
 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 St.
 Tallahassee, FL 32302-2525

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe R. Lee		NAME		
STREET ADDRESS	5900 Lake Ellenor Drive		STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32809		CITY-ST-ZIP		
TITLE	SV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James D. Smith		NAME		
STREET ADDRESS	5900 Lake Ellenor Drive		STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32809		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert F. Faisant		NAME		
STREET ADDRESS	6100 Lake Ellenor Drive		STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32809		CITY-ST-ZIP		
TITLE	EVD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blaine Sweatt, III		NAME		
STREET ADDRESS	5900 Lake Ellenor Drive		STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32809		CITY-ST-ZIP		
TITLE	SV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard J. Walsh		NAME		
STREET ADDRESS	5900 Lake Ellenor Drive		STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32809		CITY-ST-ZIP		
TITLE	VP/T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William R. White, III		NAME		
STREET ADDRESS	6100 Lake Ellenor Drive		STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32809		CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert F. Faisant **Robert F. Faisant** **3/1/2000** **(407) 245-5542**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CD 25580 10/000