

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000084099

Entity Name: RAI RESTAURANTS, INC.

Current Principal Place of Business:

8377 E. HARTFORD DR.
SCOTTSDALE, AZ 85255

Current Mailing Address:

8377 E. HARTFORD DR.
SCOTTSDALE, AZ 85255 US

FEI Number: 59-3479776

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT AND CHIEF
 EXECUTIVE OFFICER
Name NUNN, CLARENCE L.
Address 8377 EAST HARTFORD DRIVE
City-State-Zip: SCOTTSDALE AZ 85255-5478

Title VICE PRESIDENT AND ASSISTANT
 SECRETARY
Name HABHAB, BARBARA
Address 8377 EAST HARTFORD DRIVE
City-State-Zip: SCOTTSDALE AZ 85255-5478

Title EXECUTIVE VICE PRESIDENT AND
 SECRETARY
Name NIELSEN, GREG R.
Address 8377 EAST HARTFORD DRIVE
City-State-Zip: SCOTTSDALE AZ 85255-5478

Title EXECUTIVE VICE PRESIDENT, CHIEF
 FINANCIAL OFFICER AND
 TREASURER
Name FLYNN, JENNIFER
Address 8377 EAST HARTFORD DRIVE
City-State-Zip: SCOTTSDALE AZ 85255-5478

Title ASSISTANT SECRETARY
Name GUILLEN, ILIANA
Address 901 MAIN AVENUE
 THE TOWERS
City-State-Zip: NORWALK CT 06851

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ILIANA GUILLEN

AUTHORIZED OFFICER

09/09/2016

Electronic Signature of Signing Officer/Director Detail

Date