

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002310

Entity Name: FIRST FRANCHISE CAPITAL CORPORATION**Current Principal Place of Business:**ONE MAYNARD DRIVE
SUITE 2104
PARK RIDGE, NJ 07656**Current Mailing Address:**C/O FIRST FINANCIAL BANK
255 EAST 5TH STREET, SUITE 700 ATTN: LEGAL DEPT
CINCINNATI, OH 45202 US**FEI Number: 13-4189715****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O 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 PRESIDENT, DIRECTOR
Name RIECKER, RICHARD
Address C/O FIRST FINANCIAL BANK
 255 EAST 5TH STREET, SUITE 700
City-State-Zip: CINCINNATI OH 45202

Title D
Name STOLLINGS, ANTHONY M
Address C/O FIRST FINANCIAL BANK
 255 EAST 5TH STREET, SUITE 700
City-State-Zip: CINCINNATI OH 45202

Title D
Name LEFFERSON, C DOUGLAS
Address 255 EAST 5TH STREET, SUITE 700
City-State-Zip: CINCINNATI OH 45202

Title T
Name GAVIGAN, JOHN
Address 255 EAST 5TH STREET, SUITE 700
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR
Name BARBERCHECK, RICHARD
Address 255 EAST 5TH STREET, SUITE 700
City-State-Zip: CINCINNATI OH 45202

Title SECRETARY
Name KUHL, SHANNON M
Address 255 E 5TH ST, SUITE 700
City-State-Zip: CINCINNATI OH 45202

Title ASST. SECRETARY
Name MEENTS, BILLIE L
Address C/O FIRST FINANCIAL BANK
 255 EAST 5TH STREET, SUITE 700
 ATTN: LEGAL DEPT
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR, CHAIRMAN
Name RINGWALD, BRADLEY J
Address C/O FIRST FINANCIAL BANK
 255 E 5TH STREET, SUITE 700
City-State-Zip: CINCINNATI OH 45202

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: BILLIE L MEENTS**ASSISTANT SECRETARY 04/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date