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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------|------------------|-------------|--|
| No. <b>W 100240</b>                                                                                                                                    |                 | <b>Due no later than Feb 28, 2018</b>                                                                                                          |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>                           |                  |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>FRANCHISE BRANDS, LLC<br>DEBORAH MEAD<br>325 SUB WAY<br>MILFORD CT 06461-3072 |         | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713 |                  |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                |         | 3. <u>New</u> Registered Agent Signature:*                                   |                  |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                 |                                                                                                                                                |         |                                                                              |                  |             |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                           | City    | State                                                                        | Country          | Postal Code |  |
| MANAGER                                                                                                                                                | DAVID S WORROLL | 325 SUB WAY                                                                                                                                    | MILFORD | CT                                                                           | USA              | 06461-7032  |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                              |         |                                                                              |                  |             |  |
| <b>DE<br/>W 100240</b>                                                                                                                                 |                 | Signature: David S. Worroll                                                                                                                    |         |                                                                              | Date: 02/16/2017 |             |  |
|                                                                                                                                                        |                 | Name (type or print): David S. Worroll                                                                                                         |         |                                                                              | Title: Manager   |             |  |
| Processed 02/16/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                      |         |                                                                              |                  |             |  |