
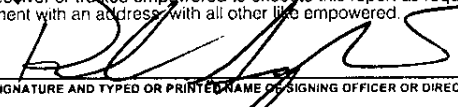


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90060 037 ***150.00

| | | | | | |
|---|-------------------------------|--|--|--|--|
| DOCUMENT # P30237 | | | |  | |
| 1. Entity Name O'CHARLEY'S INC. | | | | | |
| Principal Place of Business O'CHARLEY'S INC. 3038 SIDCO DRIVE NASHVILLE, TN 37204 US | | | Mailing Address P.O. BOX 291809 NASHVILLE, TN 37229 US | | |
| 2. Principal Place of Business --No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 62-1192475 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | CEOC | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURNS, GREGORY L | | NAME | | |
| STREET ADDRESS | 3038 SIDCO DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | NASHVILLE, TN | | CITY-ST-ZIP | | |
| TITLE | CFOS | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HYATT, LAWRENCE E | | NAME | | |
| STREET ADDRESS | 3030 SIDCO DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | NASHVILLE, TN 37204 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TIDWELL, STEVE | | NAME | | |
| STREET ADDRESS | 1309 BRIARVILLE RD., STE. 201 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MADISON, TN 37115 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REISS, RICHARD, JR. | | NAME | | |
| STREET ADDRESS | 152ND WEST 57TH ST 46TH FL | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK, NY 10019 | | CITY-ST-ZIP | | |
| TITLE | AS | <input type="checkbox"/> Delete | TITLE | AS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARY, SANDRA K | | NAME | Paul Anglin | |
| STREET ADDRESS | 3038 SIDCO DR | | STREET ADDRESS | 500 Wilson Pike Circle Ste 340 | |
| CITY-ST-ZIP | NASHVILLE, TN 37204 | | CITY-ST-ZIP | Brentwood, TN 37027 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other info empowered. | | | | | |
| SIGNATURE:  | | Paul Anglin | | 2-7-08 615-256-8500 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |