

1.) CORPORATION NAME:

HALPERNS' STEAK AND SEAFOOD COMPANY

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH LTD
250 BROWNS HILL COURT
MIDLOTHIAN, VA**

SCC ID NO: **F1922782**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,150,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4685 Welcome All Road

CITY/ST/ZIP: Atlanta, GA 30349

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: KIRK HALPERN TITLE: CEO ADDRESS: 4685 WELCOME ALL ROAD CITY/ST/ZIP/CO: ATLANTA, GA 30349</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: James Raymond Hicks, Jr TITLE: PRESIDENT ADDRESS: 4685 Welcome All Road CITY/ST/ZIP/CO: Atlanta, GA 30349</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Raymond A Farmer, Jr TITLE: VICE PRESIDENT ADDRESS: 4685 Welcome All Road CITY/ST/ZIP/CO: Atlanta, GA 30349</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Laura A. F. Barnard TITLE: PRESIDENT ADDRESS: 4685 Welcome All Road CITY/ST/ZIP/CO: Atlanta, GA 30349</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Laura A. F. Barnard TITLE: TREASURER ADDRESS: 4685 Welcome All Road CITY/ST/ZIP/CO: Atlanta, GA 30349</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Laura A. F. Barnard TITLE: CFO ADDRESS: 4685 Welcome All Road CITY/ST/ZIP/CO: Atlanta, GA 30349</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Howard I. Halpern TITLE: DIRECTOR ADDRESS: 4685 Welcome All Road CITY/ST/ZIP/CO: Atlanta, GA 30349	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Joseph Lefkoff TITLE: DIRECTOR ADDRESS: 4685 Welcome All Road CITY/ST/ZIP/CO: Atlanta, GA 30349	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jody A. Hicks TITLE: DIRECTOR ADDRESS: 4685 Welcome All Road CITY/ST/ZIP/CO: Atlanta, GA 30349	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Gerry Benjamin TITLE: DIRECTOR ADDRESS: 4685 Welcome All Road CITY/ST/ZIP/CO: Atlanta, GA 30349	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ KIRK HALPERN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KIRK HALPERN, CEO PRINTED NAME AND CORPORATE TITLE	3/26/2014 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		