

F-6412

STATE OF MINNESOTA  
DEPARTMENT OF COMMERCE  
REGISTRATION DIVISION  
(651) 539-1627

IN THE MATTER OF THE REGISTRATION OF:

MCALISTER'S F/A  
MCALISTER'S CORPORATION F/A  
MCALISTER'S DELI F/A  
MCALISTER'S DELI RESTAURANT F/A  
MCALISTER'S SELECT F/A  
MCALISTER'S SELECT RESTAURANT F/A  
By MCALISTER'S CORPORATIONORDER AMENDING  
REGISTRATION

WHEREAS, an application to amend the registration and amendment fee have been filed,

IT IS HEREBY ORDERED that the registration dated June 8, 2010, is amended as of the date set forth below.



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MIKE ROTHMAN  
Commissioner  
Department of Commerce  
85 7th Place East, Suite 500  
St Paul, MN 55101

Date: February 6, 2017

**UNIFORM FRANCHISE REGISTRATION APPLICATION**

File No.: F-6412  
(Insert file number of immediately preceding filing of Applicant)

State: Minnesota

Fee: \$100.00

**APPLICATION FOR (Check only one):**

- INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES
- RENEWAL APPLICATION OR ANNUAL REPORT
- PRE-EFFECTIVE AMENDMENT
- POST-EFFECTIVE MATERIAL AMENDMENT

State of Minnesota  
Dept of Commerce

1. Full legal name of Franchisor:

McAlister's Corporation

JAN 17 2017

Rec'd \$ 100

2. Name of the franchise offering:

McAlister's Deli

3. Franchisor's principal business address:

5620 Glenridge Drive NE  
Atlanta, Georgia 30342

4. Name and address of Franchisor's agent in this State authorized to receive service of process:

Commissioner of Commerce  
Department of Commerce  
85 7<sup>th</sup> Place East, Suite 500  
St. Paul, Minnesota 55101-2198

5. The states in which this application is or will be shortly on file:

Hawaii, Minnesota, and Wisconsin

6. Name, address, telephone, and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:

**CINDY SABO, PARALEGAL SPECIALIST  
DLA PIPER LLP (US)  
ONE ATLANTIC CENTER  
1201 WEST PEACHTREE STREET, SUITE 2800  
ATLANTA, GEORGIA 30309  
(404) 736-7832 (telephone)  
(404) 682-7832 (direct fax)  
cindy.sabo@dlapiper.com**

### Certification

I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of April 1, 2016, as amended September 30, 2016 and January 15, 2017, attached as an exhibit, and that all material facts stated in all those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certification on behalf of the Franchisor and that I do so upon my personal knowledge.

Signed at Atlanta, Georgia, January 12, 2017.

Franchisor:

MCALISTER'S CORPORATION

By: 

Name: Tim Goodman

Title: Vice President, Franchise Administration

STATE OF GEORGIA)

) SS.:

COUNTY OF FULTON )

Personally appeared before me this 12 day of January, 2017, the above-named Tim Goodman to me known to be the person who executed the foregoing application as Vice President, Franchise Administration of the above-named applicant and being first duly sworn, stated upon oath that said application, and all exhibits submitted herewith, are true and correct.

  
Notary Signature

(NOTARIAL SEAL)

Stanley R. Johnson  
Notary's Name (Type or Print)

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