2000 UNIFORM BUSINESS REPORT (UBR) FILED OCUMENT # 365060 Jun 08, 2000 8:00 am **Secretary of State**an Pizza Huts. Inc. 06-08-2000 90013 016 ***550.00 Mailing Address incipal Place of Business 14841 Dallas Parkway 4841 Dallas Parkway Dallas, Texas 75240-2100 :11as, Texas 75240-2100 D0060563 3. Mailing Address Principal Place of Business 14841 Dallas Parkway 14841 Dallas Parkway DO NOT WRITE IN THIS SPACE Suite, Apt #, etc. Suite: Apt. #, etc. Applied For 4. FFI Number City & State City & State Not Applicable 59-1654194 Dallas, Texas illas, Texas Country Country Ζip Zio 5. Certificate of Status Desired Fee Required 75240-2100 5240-2100 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 200 Ş. Pine Island Road Street Address (P.O. Box Number is Not Acceptable) lantation, FL 33324-Zip Code The above named entity submits this statement for the curpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 5. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Chance Addition TITLE President, Director NAME John J. Murphy . - Nic STREET ADDRESS CREET ADDRESS 14841 Dallas Parkway CITY-ST-ZIP Dallas, Texas 75240-2100 ···· ST ZIP Addition Change Vice President, Secretary, Dimector Melanie K. Morgan STREET ADDRESS 14841 Dallas Parkway ausgai ADDBĒŠŠ CITY-ST-ZIP . THE ST ZIP Dallas, Texas 75240 - Change Addition Vice Pres., Treasurer, Asst□Secreta TITLE NAME MAME Ida-W.-Horn-STREET ADDRESS 14841 Dailas Parkway 14841 Texas 7<u>5240-2100</u> STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Chance Delete TITLE NAME 11.4MF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change De!ete TITLE SITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes:1 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 11 or Block 12 if other dependences with one officers with a second corporation. changed, or on an attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: