

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90007 040 \*\*\*150.00

02/13/02 AT

**DOCUMENT # F93000000594**

**1. Entity Name**  
**PJ FOOD SERVICE, INC.**

**Principal Place of Business**

**2002 PAPA JOHN'S BLVD**  
**LOUISVILLE KY 40299-2367**

**Mailing Address**

**2002 PAPA JOHN'S BLVD**  
**LOUISVILLE KY 40299-2367**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**61-1210265**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

**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.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SCHNATTER, JOHN H 11492 BLUEGRASS PKWY., STE. 175 LOUISVILLE KY 40299	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SCHNATTER, JOHN H 11492 BLUEGRASS PKWY., STE. 175 LOUISVILLE KY 40299	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHNATTER, CHARLES W 11492 BLUEGRASS PKWY., STE. 175 LOUISVILLE KY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILBY, E CRUCILLA 11492 BLUEGRASS PKWY LOUISVILLE KY 40299	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT, WADELL 11492 BLUEGRASS PKWY LOUISVILLE KY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WADELL, ROBERT PO BOX 99900 LOUISVILLE KY 40269-0900	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached list	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached list	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached list	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached list	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached list	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached list	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**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. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Signature Required*  
**Signature Required**  
 Kenneth M. Cox

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02

Date

502/261-4120

Daytime Phone #

CR2E034 (9/01)

ATTACHMENT DOC # F93000000594 60022560

List of Officers for  
PJ Food Service, Inc.

**Name:** John H. Schnatter  
**Title:** CEO & Chairman of the Board  
**Address:** 2002 Papa John's Boulevard  
Louisville, KY 40299-2367  
**Date taking office:** January 12, 2001

**Name:** Charles W. Schnatter  
**Title:** Sr. Vice President, Secretary and General Counsel  
**Address:** 2002 Papa John's Boulevard  
Louisville, KY 40299-2367  
**Date taking office:** January 12, 2001

**Name:** Robert J. Wadell  
**Title:** President  
**Address:** 2002 Papa John's Boulevard  
Louisville, KY 40299-2367  
**Date taking office:** January 12, 2001

**Name:** Julie Lerner  
**Title:** Senior Vice President - Finance  
**Address:** 2002 Papa John's Boulevard  
Louisville, KY 40299-2367  
**Date taking office:** January 12, 2001

**Name:** J. David Flanery  
**Title:** Treasurer  
**Address:** 2002 Papa John's Boulevard  
Louisville, KY 40299-2367  
**Date taking office:** January 12, 2001

**Name:** David Lyons  
**Title:** Vice President - Operations  
**Address:** 2002 Papa John's Boulevard  
Louisville, KY 40299-2367  
**Date taking office:** January 12, 2001

**Name:** Robert Fulks  
**Title:** Vice President - Strategic Supply Chain Management  
**Address:** 2002 Papa John's Boulevard  
Louisville, KY 40299-2367  
**Date taking office:** January 12, 2001

ATTACHMENT DOC# F93000000594 5022560

Name: Kenneth M. Cox  
Title: Corporate Counsel & Assistant Secretary  
Address: 2002 Papa John's Boulevard  
Louisville, KY 40299-2367  
Date taking office: January 12, 2001

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List of Directors for  
PJ Food Service, Inc.

**Name:** John H. Schnatter  
**Title:** CEO & Chairman of the Board  
**Address:** 2002 Papa John's Boulevard  
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