

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90130 026 ***150.00

0665994 AB

DOCUMENT # **F97000002880**

1. Entity Name
A & W RESTAURANTS, INC.



Principal Place of Business
**301 YORKSHIRE BOULEVARD
LEXINGTON KY 40509-1809**

Mailing Address
**P.O BOX 11988
ATTN: TAX
LEXINGTON KY 40509-1988**



2. Principal Place of Business
1900 Colonel Sanders Ln
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 35910
Suite, Apt. #, etc.

Attn: Tax Department

Attn: Tax Department

City & State
Louisville, KY

City & State
Louisville, KY

4. FEI Number **95-1627375**

Applied For
Not Applicable

Zip **40213** Country **US**

Zip **40232** Country **US**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	FELTENSTEIN, SIDNEY J	
STREET ADDRESS	5328 NO BAY RD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLAPPER, PAUL F	
STREET ADDRESS	160 SPEAR ST STE 1230	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	COOP	<input type="checkbox"/> Delete
NAME	BAZNER, KEVIN M	
STREET ADDRESS	2160 ISLAND DRIVE	
CITY-ST-ZIP	LEXINGTON KY 40502	
TITLE	EVPC	<input checked="" type="checkbox"/> Delete
NAME	PLUMMER, MARK J	
STREET ADDRESS	1000 CRYSTAL COURT	
CITY-ST-ZIP	LEXINGTON KY 40515	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAGSDALE, FORREST W	
STREET ADDRESS	1020 FINCASTLE ROAD	
CITY-ST-ZIP	LEXINGTON KY 40502	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERT, JOSEPH E JR	
STREET ADDRESS	1208 BALLANTREE FARM DR	
CITY-ST-ZIP	MC LEAN VA 22102	

TITLE	CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles C. Talbot	
STREET ADDRESS	101 Yorkshire Blvd.	
CITY-ST-ZIP	Lexington, KY 40509	
TITLE	VP/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheryl Z. Leistner	
STREET ADDRESS	1900 Colonel Sanders Lane	
CITY-ST-ZIP	Louisville, KY 40213	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Cheryl Z. Leistner**
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)