

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90020 009 ***550.00

DOCUMENT # P35378

1. Entity Name

PANDA EXPRESS, INC.

Principal Place of Business

**899 EL CENTRO ST
 SOUTH PASADENA CA 91030
 US**

Mailing Address

**899 EL CENTRO ST
 SOUTH PASADENA CA 2A
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4318504

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 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.

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **CHERNG, ANDREW**
 STREET ADDRESS **2040 ASHBOURNE DRIVE**
 CITY-ST-ZIP **S PASADENA CA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PT** ☐ Delete
 NAME **CHERNG, PEGGY**
 STREET ADDRESS **2040 ASHBOURNE DRIVE**
 CITY-ST-ZIP **S PASADENA CA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPFC** ☐ Delete
 NAME **THEUER, JOHN F**
 STREET ADDRESS **6208 W 77TH STREET**
 CITY-ST-ZIP **LOS ANGELES CA 90045**

TITLE **CHIEF FINANCIAL OFFICER** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Delete
 NAME **CHENG, IRENE**
 STREET ADDRESS **813 SUMMIT DRIVE**
 CITY-ST-ZIP **S. PASADENA CA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **WILKINSON, R. MICHAEL**
 STREET ADDRESS **6351 TURNBERRY CIR**
 CITY-ST-ZIP **HUNTINGTON BCH CA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Delete
 NAME **LIU, STANLEY N.**
 STREET ADDRESS **1022 S MARENGO AVE #2**
 CITY-ST-ZIP **ALHAMBRA CA**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1188 E. RIVERO STREET**
 CITY-ST-ZIP **ALHAMBRA, CA 91001**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-01

Date

Daytime Phone #

0135977 AT

CR2E034 (5/01)