

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000016443

FILED  
Apr 29, 2011  
Secretary of State

Entity Name: SOUTH OBT CORP.

**Current Principal Place of Business:**

2002 PAPA JOHN'S BLVD.  
LOUISVILLE, KY 40299

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 99900  
LOUISVILLE, KY 402699990

**New Mailing Address:**

2002 PAPA JOHN'S BLVD.  
LOUISVILLE, KY 40299

FEI Number: 59-3236496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: O'HERN, TIMOTHY  
Address: 2002 PAPA JOHN'S BLVD  
City-St-Zip: LOUISVILLE, KY 40299

Title: DT  
Name: TUCKER, LANCE  
Address: 2002 PAPA JOHN'S BLVD.  
City-St-Zip: LOUISVILLE, KY 40299

Title: S  
Name: PASSAFIUME, CLARA M  
Address: 2002 PAPA JOHN'S BLVD.  
City-St-Zip: LOUISVILLE, KY 40299

Title: AS  
Name: COX, KENNETH M  
Address: 2002 PAPA JOHN'S BLVD.  
City-St-Zip: LOUISVILLE, KY 40299

Title: AT  
Name: PHENIX, CLAUDE M  
Address: 2002 PAPA JOHN'S BLVD.  
City-St-Zip: LOUISVILLE, KY 40299

Title: AS  
Name: BREEDEN, DEBRA A  
Address: 2002 PAPA JOHN'S BLVD.  
City-St-Zip: LOUISVILLE, KY 40299

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA BREEDEN

AS

04/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date