

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000594

Entity Name: PJ FOOD SERVICE, INC.**Current Principal Place of Business:**2002 PAPA JOHN'S BLVD
LOUISVILLE, KY 40299-2367**Current Mailing Address:**2002 PAPA JOHN'S BLVD
LOUISVILLE, KY 40299-2367**FEI Number:** 61-1210265**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title D
Name SMITH, JOSEPH H
Address 2002 PAPA JOHN'S BOULEVARD
City-State-Zip: LOUISVILLE KY 40299-2367

Title DP
Name RITCHIE, STEVE M
Address 2002 PAPA JOHN'S BOULEVARD
City-State-Zip: LOUISVILLE KY 40299-2367

Title TREASURER
Name HOUSTON, CONNIE
Address 2002 PAPA JOHN'S BLVD
City-State-Zip: LOUISVILLE KY 40299-2367

Title V
Name HUTCHINS, SHANE
Address 2002 PAPA JOHN'S BLVD
City-State-Zip: LOUISVILLE KY 40299-2367

Title AS
Name TATE JOHNSON, DEBRA
Address 2002 PAPA JOHN'S BLVD
City-State-Zip: LOUISVILLE KY 40299-2367

Title S
Name PASSAFIUME, CLARA M
Address 2002 PAPA JOHN'S BLVD
City-State-Zip: LOUISVILLE KY 40299-2367

Title ASSISTANT TREASURER
Name PHENIX, CLAUDE
Address 2002 PAPA JOHN'S BLVD
City-State-Zip: LOUISVILLE KY 40299-2367

Title VP
Name SMITH, JOSEPH H
Address 2002 PAPA JOHN'S BLVD
City-State-Zip: LOUISVILLE KY 40299-2367

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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 TATE JOHNSON**ASSISTANT SECRETARY** 05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|--------------------------|
| Title | VP |
| Name | BAUMAN, CHERYL |
| Address | 2002 PAPA JOHN'S BLVD |
| City-State-Zip: | LOUISVILLE KY 40299-2367 |