

2016 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	SCHNATTER, JOHN 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	DT
Name	TUCKER, LANCE F
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, DEBRA A
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

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 A. TATE**ASSISTANT SECRETARY** 04/28/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date