

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000000594

**Entity Name:** PJ FOOD SERVICE, INC.**Current Principal Place of Business:**2002 PAPA JOHN'S BOULEVARD  
LOUISVILLE, KY 40299**Current Mailing Address:**2002 PAPA JOHN'S BOULEVARD  
LOUISVILLE, KY 40299 US**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 DIRECTOR  
Name OYLER, CAROLINE MILLER  
Address 2002 PAPA JOHN'S BOULEVARD  
City-State-Zip: LOUISVILLE KY 40299

Title VP  
Name HUTCHINS, R. SHANE  
Address 2002 PAPA JOHN'S BOULEVARD  
City-State-Zip: LOUISVILLE KY 40299

Title ASSISTANT SECRETARY  
Name COX, KENNETH M.  
Address 2002 PAPA JOHN'S BOULEVARD  
City-State-Zip: LOUISVILLE KY 40299

Title ASSISTANT TREASURER  
Name BIVINS, MITCH  
Address 2002 PAPA JOHN'S BOULEVARD  
City-State-Zip: LOUISVILLE KY 40299

Title VICE PRESIDENT AND SECRETARY  
Name OYLER, CAROLINE MILLER  
Address 2002 PAPA JOHN'S BOULEVARD  
City-State-Zip: LOUISVILLE KY 40299

Title TREASURER  
Name COLLINS, CHRISTOPHER K.  
Address 2002 PAPA JOHN'S BOULEVARD  
City-State-Zip: LOUISVILLE KY 40299

Title ASSISTANT SECRETARY  
Name MATTER, JOHN M.  
Address 2002 PAPA JOHN'S BOULEVARD  
City-State-Zip: LOUISVILLE KY 40299

Title VP  
Name SCHAEFER, RONDA  
Address 2002 PAPA JOHN'S BOULEVARD  
City-State-Zip: LOUISVILLE KY 40299

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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 04/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name THANAWALA, RAVI  
Address 2002 PAPA JOHN'S BOULEVARD  
City-State-Zip: LOUISVILLE KY 40299

Title ASSISTANT SECRETARY  
Name JOHNSON, DEBRA TATE  
Address 2002 PAPA JOHN'S BOULEVARD  
City-State-Zip: LOUISVILLE KY 40299

Title DIRECTOR  
Name LYNCH, ROBERT M.  
Address 2002 PAPA JOHN'S BOULEVARD  
City-State-Zip: LOUISVILLE KY 40299

Title DIRECTOR  
Name THANAWALA, RAVI  
Address 2002 PAPA JOHN'S BOULEVARD  
City-State-Zip: LOUISVILLE KY 40299

Title PRESIDENT  
Name LYNCH, ROBERT M.  
Address 2002 PAPA JOHN'S BOULEVARD  
City-State-Zip: LOUISVILLE KY 40299