

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000005115

**Entity Name:** PAPA JOHN'S USA, 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:** 61-1193912

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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           SCHNATTER, JOHN H  
Address        2002 PAPA JOHN'S BLVD  
City-State-Zip: LOUISVILLE KY 40299-2367

Title           DIRECTOR, PRESIDENT, CEO  
Name           RITCHIE, STEVE M  
Address        2002 PAPA JOHN'S BLVD  
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           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

Title           ASST. 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   05/17/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date