

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90079 036 ***150.00

DOCUMENT # 821308

1. Entity Name
TACO BELL CORP.



Principal Place of Business
1900 COLONEL SANDERS LANE
LOUISVILLE KY 40213

Mailing Address
C/O TRICON
PO BOX 35910
LOUISVILLE FL 40232

2. Principal Place of Business
17901 Von Karman

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Irvine CA

City & State
Louisville KY

4. FEI Number 95-2213656

Applied For
Not Applicable

Zip
92614

Country
USA

Zip
40213

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DCCO
BROLUCK, EMIL J
17901 VON KARMAN
IRVINE CA 92714 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
SMITH, RICHARD A.
17901 VON KARMAN
IRVINE CA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DCCO
Melissa Lopez
17901 Von Karman
Irvine, CA 92714 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CFO
CRAIG, MAX
17901 VON KARMAN
IRVINE CA 92614 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CPO
COLAO, CONNIE
17901 VON KARMAN
IRVINE CA 92614 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CFLO
FLANAGAN, PATRICK
17901 VON KARMAN
IRVINE CA 92614 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
COO
NILSEN, BOB
17901 VON KARMAN
IRVINE CA 92614 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED JEFF STEARMAN 3-11-03 (502) 874-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

$$\begin{array}{r} 90051515 \\ \hline 821308 \end{array}$$

Feb 12, 2003

Emil J. Brolick
Melissa Lora
Steven L. Emmons
Connie Colao
Greg Creed
Robert T. Nilsen
Warren Widicus
Kay Bogeajis
Jeff Fox
Robert Fulmer
Anna Hoo
Debbie Myers
Jean Birch
Dave Gagnon
Rob Savage
Kathleen O'Neal
Remona Barbour
Bridgette A. Berry-Smith
Larry Gerich
Linda J. Gregg
Amy Hu
David Leach
Cheryl Z. Leistner
Deborah Meyer
Mary Shipma
R. Bryce Shirley
Jeffrey Stearman