FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 5:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **825485** **(6)**

1. Corporation Name
KFC NATIONAL MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
1441 GARDINER LANE P. O. BOX 35910 LOUISVILLE KY 40232	1441 GARDINER LANE P. O. BOX 35910 LOUISVILLE KY 40232

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/15/1970	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / 24 — County / 25	Zip / 29 — County / 30

4. FEI Number **61-0703902** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	~~GRANOR, JOHN M III~~	12 NAME	DAVID C. NOVAK
STREET ADDRESS	1441 GARDINER LANE	13 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	R. SCOTT TOOP	22 NAME	
STREET ADDRESS	1441 GARDINER LANE	23 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☑ Change ☐ Addition
NAME	~~POTLE, RICHARD C.~~	32 NAME	JERALD D. MERRITT
STREET ADDRESS	1441 GARDINER LANE	33 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	CAHILL, JOHN T	42 NAME	
STREET ADDRESS	1441 GARDINER LANE	43 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	GILBERT, MICHAEL C.	52 NAME	
STREET ADDRESS	1441 GARDINER LANE	53 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	54 CITY-ST-ZIP	
TITLE		61 TITLE	A/T ☐ Change ☑ Addition
NAME		62 NAME	CHERYL Z. LEISTNER
STREET ADDRESS		63 STREET ADDRESS	1441 GARDINER LANE
CITY-ST-ZIP		64 CITY-ST-ZIP	LOUISVILLE KY 40213

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cheryl Z. Leistner ASST TREASURER 4/21/95 502 454-2184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0984435 CP