

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 827213

1. Corporation Name

HARDEE'S FOOD SYSTEMS, INC.

Principal Place of Business

1233 NORTH CHURCH STREET
P. O. BOX 1619
ROCKY MOUNT NC 27802-1619

Mailing Address

1233 NORTH CHURCH STREET
P. O. BOX 1619
ROCKY MOUNT NC 27802-1619

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90098 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1971

4. FEI Number

56-0732584

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MURPHY, RORY J
STREET ADDRESS 1233 HARDEES BLVD
CITY-ST-ZIP ROCKY MOUNT NC 27804-2815

☐ DELETE

TITLE S
NAME KANE, MLISS J
STREET ADDRESS 1200 HARPER BLVD
CITY-ST-ZIP ANAHEIM CA 92803

☒ DELETE

TITLE CEO
NAME THOMPSON, C T
STREET ADDRESS 1200 HARPER BLVD
CITY-ST-ZIP ANAHEIM CA 92803

☐ DELETE

TITLE SVP
NAME LEWISTON, TOM
STREET ADDRESS 1233 HARDEES BLVD
CITY-ST-ZIP ROCKY MOUNT NC 27804-2815

☐ DELETE

TITLE SVPC
NAME SPEED, JAMES H. JR.
STREET ADDRESS 12613 SHALLOWFORD DR.
CITY-ST-ZIP RALEIGH NC

☐ DELETE

TITLE SVPT
NAME SPEED, JAMES H JR
STREET ADDRESS 1233 HARDEES BLVD
CITY-ST-ZIP ROCKY MOUNT NC 27804-2815

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)