## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#827213**

ABAJIAN, TED

6307 CARBINTERIA AVE #A

CARPINTERIA, CA 93013

Name:

Address:

City-St-Zip:

Entity Name: HARDEE'S FOOD SYSTEMS, INC.

FILED Apr 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 401 W. CARL KARCHER WAY ANAHEIM, CA 92801 **Current Mailing Address: New Mailing Address:** 401 W. CARL KARCHER WAY ANAHEIM, CA 92801 FEI Number: 56-0732584 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition PUZDER, ANDREW Name: Name: 6307 CARPINTERIA AVE. Address: Address: City-St-Zip: CARPINTERIA, CA 93013 City-St-Zip: Title: VΡ Title: () Delete (X) Change ( ) Addition Name: LOWRY, DOUGLAS P Name: STEWART, REESE 401 W. CARL KARCHER WAY 401 W. CARL KARCHER WAY Address: Address: ANAHEIM, CA 92801 ANAHEIM, CA 92801 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition WERNER, WILLAIM Name: Name: 505 N. 7TH STREET, STE. 2000 Address: Address: City-St-Zip: SAINT LOUIS, MO 63101 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: REESE STEWART VP 04/30/2007