2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 07, 2006 8:00 am Secretary of State **DOCUMENT #846755** 04-07-2006 90020 050 ***150.00 PIZZA HUT OF AMERICA, INC. 90042152 Principal Place of Business Mailing Address 14841 DALLAS PARKWAY 14841 DALLAS PARKWAY DALLAS, TX 75254-7552 US DALLAS, TX 75254-7552 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 02012006 CR2E034 (11/05) Cha-P City & State City & State 4 FELNumber Applied For 48-0895936 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE TITLE ☐ Change Addition ☐ Delete NAME MURPHY, JOHN J NAME STREET ADDRESS STREET ADDRESS 14841 DALLAS PARKWAY CITY-ST-ZIP DALLAS, TX 752547552 CITY - ST- ZIP VSD TITLE ☐ Delete TITLE □ Change ☐ Addition NAMÉ SHULTZ, JULIE L NAME STREET ADDRESS 14841 DALLAS PKWY STREET ADDRESS CITY-ST-ZIP DALLAS, TX 752547552 CITY-ST-ZIP TITLE **VTAS** Delete TITLE ☐ Change ☐ Addition HORN, IDA W " NAME NAME STREET ADDRESS 14841 DALLAS PKWY STREET ADDRESS DALLAS, TX 752547552 CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

FILED

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4/3/06