

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 854249

1. Entity Name
BURGER CHEF SYSTEMS, INC.

FILED

00 SEP 20 AM 11:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1233 HARDEE'S BOULEVARD
PO BOX 1619
ROCKY MOUNT NC 27802-8619

Mailing Address
1233 HARDEE'S BOULEVARD
PO BOX 1619
ROCKY MOUNT NC 27802-8619

2. Principal Place of Business
401 W. Carl Karcher Way
Suite, Apt. #, etc.

3. Mailing Address
401 W. Carl Karcher Way
Suite, Apt. #, etc.

City & State
Anaheim, CA

City & State
Anaheim, CA

Zip
92801

Country
USA

Zip
92801

Country
USA

4. FEI Number **56-0905056**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name: **Corporation Service Company**
Street Address (P.O. Box Number is Not Acceptable): **1201 Holly Street**
City: **Tallahassee** FL Zip Code: **32301**

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.

SIGNATURE: **RA Change Filed 7/5/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, RORY J 1233 HARDEE'S BLVD ROCKY MT NC 27804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTC SPEED, JAMES H. JR. 12613 SHALLOWFORD DRIVE RALEIGH NC	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURPHY, MICHAEL 1233 HARDEES BLVD ROCKYMOUNT NC	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD C THOMAS THOMPSON 1200 HARPER BLVD ANAHEIM CA 92803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM FOLEY, II 1200 HARPER BLVD ANAHEIM CA 92803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARL STRUNK 1233 HARDEE'S BLVD ROCKY MOUNT NC 27804	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Wilson, Robert A 401 W. Carl Karcher Way Anaheim, CA 92801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Polson, Kathryn S. 401 W. Carl Karcher Way Anaheim, CA 92801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Puzder, Andrew F. 401 W. Carl Karcher Way Anaheim, CA 92801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR Foley, William P. 401 W. Carl Karcher Way Anaheim, CA 92801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000003398978 -09/20/00--01038--001 ***2750.00 ***550.00	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **KATHRYN POLSON** **9.11.00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (5/00)

KE