

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006688

FILED
Jan 14, 2009
Secretary of State

Entity Name: CALIFORNIA PIZZA KITCHEN, INC.

Current Principal Place of Business:

6053 W CENTURY BOULEVARD
LOS ANGELES, CA 90045

New Principal Place of Business:

6053 W CENTURY BOULEVARD
SUITE 1100
LOS ANGELES, CA 90045

Current Mailing Address:

6053 W CENTURY BOULEVARD
LOS ANGELES, CA 90045

New Mailing Address:

6053 W CENTURY BOULEVARD
SUITE 1100
LOS ANGELES, CA 90045

FEI Number: 95-4040623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Title: CEOP () Delete
Name: FLAX, LARRY S
Address: 6053 W CENTURY BOULEVARD
City-St-Zip: LOS ANGELES, CA 90045

Title: SVP () Delete
Name: COLEMAN, CLINTON
Address: 6053 W CENTURY BOULEVARD
City-St-Zip: LOS ANGELES, CA 90045

Title: VPS () Delete
Name: COLLYNS, SUSAN
Address: 6053 W CENTURY BOULEVARD
City-St-Zip: LOS ANGELES, CA 90045

Title: SVP () Delete
Name: GOLDSMITH-GROVER, SARAH
Address: 6053 W CENTURY BOULEVARD
City-St-Zip: LOS ANGELES, CA 90045

Title: SVP () Delete
Name: BECK, THOMAS
Address: 6053 W CENTURY BOULEVARD
City-St-Zip: LOS ANGELES, CA 90045

Title: D () Delete
Name: BAKER, WILLIAM C
Address: 6053 W CENTURY BOULEVARD
City-St-Zip: LOS ANGELES, CA 90045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CLINTON COLEMAN

SVP

01/14/2009

Electronic Signature of Signing Officer or Director

Date