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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90235 014 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F93000002655

1. Corporation Name  
KOO KOO ROO, INC.

Principal Place of Business  
11075 SANTA MONICA BLVD.  
SUITE 225  
LOS ANGELES CA 90025

Mailing Address  
11075 SANTA MONICA BLVD.  
SUITE 225  
LOS ANGELES CA 90025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 c/o Prandium, Inc...

26 c/o Prandium, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2701 Alton Parkway

27 2701 Alton Parkway

City & State

City & State

23 Irvine, CA

28 Irvine, CA

Zip Country  
24 92606 25 USA

Zip Country  
29 92606 30 USA

3. Date Incorporated or Qualified

06/08/1993

4. FEI Number

22-3132583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CEO ☒ DELETE

NAME ALLEN, BILL

STREET ADDRESS 11075 SANTA MONICA BLVD., SUITE 225

CITY-ST-ZIP LOS ANGELES CA 90025

TITLE COB ☒ DELETE

NAME IACocca, LEE

STREET ADDRESS 11075 SANTA MONICA BLVD., SUITE 225

CITY-ST-ZIP LOS ANGELES CA 90025

TITLE BM ☒ DELETE

NAME HARRIS, MEL

STREET ADDRESS 11075 SANTA MONICA BLVD., SUITE 225

CITY-ST-ZIP LOS ANGELES CA 90025

TITLE BM ☒ DELETE

NAME KAUTZ, ROB

STREET ADDRESS 11075 SANTA MONICA BLVD., SUITE 205

CITY-ST-ZIP LOS ANGELES CA 90025

TITLE BM ☒ DELETE

NAME EHRINGER, PHD A

STREET ADDRESS 11075 SANTA MONICA BLVD., SUITE 205

CITY-ST-ZIP LOS ANGELES CA 90025

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CEO Kevin S. Relyea ☐ Change ☒ Addition

18831 Von Karman Ave., Ste. 400

Irvine, CA 92612

Pres. ☐ Change ☒ Addition

Gayle A. De Brosse

18831 Von Karman Ave., Ste. 400

Irvine, CA 92612

V.P. ☐ Change ☒ Addition

Robert T. Trebing, Jr.

18831 Von Karman Ave., Ste. 400

Irvine, CA 92612

Tres. ☐ Change ☒ Addition

Robert D. Gonda

18831 Von Karman Ave., Ste. 400

Irvine, CA 92612

Sec. ☐ Change ☒ Addition

Todd E. Doyle

18831 Von Karman Ave., Ste. 400

Irvine, CA 92612

Director ☐ Change ☒ Addition

Kevin S. Relyea

18831 Von Karman Ave., Ste. 400

Irvine, CA 92612

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

Robert T. Trebing, Jr.

4/23/99

(949) 757-7900

Date Daytime Phone #

CR2E034 (1/98)