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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003376 (1)** $200

1. Corporate Name
TACO BELL OF CALIFORNIA, INC.

Principal Place of Business
17901 VON KARMAN
IRVINE CA 92714

Mailing Address
17901 VON KARMAN
IRVINE CA 92714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 07/21/1993
3a. Date of Last Report: 06/06/1994

2. Principal Place of Business
21 17901 Von Karman
Suite, Apt. # or P.O.
22
City, State
23 Irvine CA
24 92714 25 USA

2a. Mailing Address
26 17901 Von Karman
Suite, Apt. # or P.O.
27
City, State
28 Irvine CA
29 92714 30 USA

4. FEI Number: 33-0544141
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 has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 of the 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. The name and address of the registered agent and office, as changed, to the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities of registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
TITLE: PD NAME: BASSI, PETER A STREET ADDRESS: 17901 VON KARMAN CITY, ST, ZIP: IRVINE CA 92714	TITLE: P/D ☒ Change ☐ Addition NAME: RICHARD GOODMAN STREET ADDRESS: 17901 VON KARMAN CITY, ST, ZIP: IRVINE CA 92714
TITLE: VPD NAME: MOORE, GREGORY N STREET ADDRESS: 17901 VON KARMAN CITY, ST, ZIP: IRVINE CA 92714	TITLE: ☐ Change ☐ Addition
TITLE: VPSD NAME: GIRVIN, ROBERT J STREET ADDRESS: 17901 VON KARMAN CITY, ST, ZIP: IRVINE CA 92714	TITLE: ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	TITLE: ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	TITLE: ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	TITLE: ☐ Change ☐ Addition

14. I hereby 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 a director or officer 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 all other like empowered officers and directors.

SIGNATURE: Gregory N Moore — Gregory N Moore 4/27/95 714-863-4777
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

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