FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

VL AL 5-1-96 B-Sabelo -C

DOCUMENT # **F94000001985 (0)**

1. Corporation Name

CALIFORNIA PIZZA KITCHEN, INC.

Principal Place of Business	Mailing Address
SUITE 200 1640 SEPULVEDA BLVD LOS ANGELES CA 90025	SUITE 200 1640 SEPULVEDA BLVD LOS ANGELES CA 90025

3. Date Incorporated or Qualified: **04/18/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 |
22 | Suite, Apt. #, etc.
23 | City & State
24 | Zip | 25 | Country

2a. Mailing Address
26 |
27 | Suite, Apt. #, etc.
28 | City & State
29 | Zip | 30 | Country

4. FEI Number: **95-4040623** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 (Required. Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when changed.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSENFIELD, RICHARD	1.2 NAME	
STREET ADDRESS	1640 S. SEPULVEDA BLVD, SUITE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90025	1.4 CITY-ST-ZIP	
TITLE	PC ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FLAX, LARRY	2.2 NAME	
STREET ADDRESS	1640 S. SEPULVEDA BLVD, SUITE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90025	2.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STEVENS, KENNETH T	3.2 NAME	
STREET ADDRESS	1640 S. SEPULVEDA BLVD, SUITE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90025	3.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	MARTIN, JOHN	4.2 NAME	Richard A. Goodman
STREET ADDRESS	1640 S. SEPULVEDA BLVD, SUITE 200	4.3 STREET ADDRESS	1640 S. Sepulveda Blvd., Ste. 200
CITY-ST-ZIP	LOS ANGELES CA 90025	4.4 CITY-ST-ZIP	Los Angeles, CA 90025
TITLE	STV ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, DANIEL F.	5.2 NAME	
STREET ADDRESS	1640 S. SEPULVEDA BLVD, SUITE 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Daniel F. Clark — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/96 — Date

(310)575-3000 — Daytime Phone #