

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000001985**

1. Entity Name

CALIFORNIA PIZZA KITCHEN, INC.**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90939 039 ***158.75

Principal Place of Business 6053 W CENTURY BLVD. STE 1100 LOS ANGELES CA 90045-6442 US	Mailing Address 6053 W CENTURY BLVD. STE 1100 LOS ANGELES CA 90045-6442 US
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-4040623**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

FL

Zip Code

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

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	COBD ROSENFELD, RICHARD 6053 W CENTURY BLVD. STE 1100 LOS ANGELES CA 90045-6442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD FLAX, LARRY 6053 W CENTURY BLVD. STE 1100 LOS ANGELES CA 90045-6442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HIPP, FREDERICK R. 6053 W CENTURY BLVD. STE 1100 LOS ANGELES CA 90045-6442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSC CARRINGTON, H. G. JR 6053 W CENTURY BL, 11TH FLOOR LOS ANGELES CA 90045	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTI, FORTUNATO N 6053 W CENTURY BLVD. STE 1100 LOS ANGELES CA 90045-6442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, BRIAN P 230 PARK AVENUE NEW YORK NY 10169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., Controller, Asst. Sec. GREGORY S. LEVIN 6053 W. CENTURY BLVD., 11TH FLOOR LOS ANGELES, CA 90045-6430	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice Pres.-Operations CHRISTOPHER AMES 6053 W. CENTURY BLVD., 11TH FLOOR LOS ANGELES, CA 90045-6430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CEO and DIRECTOR FREDERICK R. HIPP 6053 W. CENTURY BLVD., 11TH FLOOR LOS ANGELES, CA 90045-6430	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BRUCE C. BRUCKMANN 126 E. 56TH ST. NEW YORK, NY 10022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HAROLD O. ROSSER 126 E. 56TH ST. NEW YORK, NY 10022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHARLES G. PHILLIPS 660 MADISON AVE. NEW YORK, NY 10021	<input type="checkbox"/> Change <input checked="" 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: 

GREGORY S. LEVIN

04/27/01 (310) 342-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP, CONTROLLER, ASST. SECT.

Daytime Phone #

CR2E034 (10/00)