

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90939 039 ***158.75

DOCUMENT # F94000001985

1. Entity Name

CALIFORNIA PIZZA KITCHEN, INC.

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

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



DO NOT WRITE IN THIS SPACE

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. 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	COBD	<input type="checkbox"/> Delete
NAME	ROSENFELD, RICHARD	
STREET ADDRESS	6053 W CENTURY BLVD. STE 1100	
CITY-ST-ZIP	LOS ANGELES CA 90045-6442	
TITLE	COBD	<input type="checkbox"/> Delete
NAME	FLAX, LARRY	
STREET ADDRESS	6053 W CENTURY BLVD. STE 1100	
CITY-ST-ZIP	LOS ANGELES CA 90045-6442	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	HIPP, FREDERICK R.	
STREET ADDRESS	6053 W CENTURY BLVD. STE 1100	
CITY-ST-ZIP	LOS ANGELES CA 90045-6442	
TITLE	EVSC	<input type="checkbox"/> Delete
NAME	CARRINGTON, H. G. JR	
STREET ADDRESS	6053 W CENTURY BL, 11TH FLOOR	
CITY-ST-ZIP	LOS ANGELES CA 90045	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALENTI, FORTUNATO N	
STREET ADDRESS	6053 W CENTURY BLVD. STE 1100	
CITY-ST-ZIP	LOS ANGELES CA 90045-6442	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, BRIAN P	
STREET ADDRESS	230 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10169	

TITLE	V.P., Controller, Asst. Sec.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY S. LEVIN	
STREET ADDRESS	6053 W. CENTURY BLVD., 11TH FLOOR	
CITY-ST-ZIP	LOS ANGELES, CA 90045-6430	
TITLE	Senior Vice Pres.-Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER AMES	
STREET ADDRESS	6053 W. CENTURY BLVD., 11TH FLOOR	
CITY-ST-ZIP	LOS ANGELES, CA 90045-6430	
TITLE	President, CEO and DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICK R. HIPP	
STREET ADDRESS	6053 W. CENTURY BLVD., 11TH FLOOR	
CITY-ST-ZIP	LOS ANGELES, CA 90045-6430	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE C. BRUCKMANN	
STREET ADDRESS	126 E. 56TH ST.	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD O. ROSSER	
STREET ADDRESS	126 E. 56TH ST.	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES G. PHILLIPS	
STREET ADDRESS	660 MADISON AVE.	
CITY-ST-ZIP	NEW YORK, NY 10021	

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)