

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004649

FILED
Apr 20, 2009
Secretary of State

Entity Name: YUM RESTAURANT SERVICES GROUP, INC.

Current Principal Place of Business:

1441 GARDINER LANE
LOUISVILLE, KY 40213 US

New Principal Place of Business:

Current Mailing Address:

1441 GARDINER LANE
ATTN: LINDA GREGG
LOUISVILLE, KY 40213 US

New Mailing Address:

FEI Number: 48-1191302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: TOOP, R. SCOTT
Address: 1441 GARDINER LN
City-St-Zip: LOUISVILLE, KY 40213

Title: PCD () Delete
Name: CAMPBELL, CHRISTIAN L
Address: 1441 GARDINER LN
City-St-Zip: LOUISVILLE, KY 40213

Title: VT () Delete
Name: JERZYK, TIM
Address: 1900 COLONEL SANDERS LN
City-St-Zip: LOUISVILLE, KY 40213

Title: AT () Delete
Name: LEISTNER, CHERYL Z
Address: 1900 COLONEL SANDERS LANE
City-St-Zip: LOUISVILLE, KY 40213

Title: AS () Delete
Name: GREGG, LINDA J
Address: 1441 GARDINER LANE
City-St-Zip: LOUISVILLE, KY 40213

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT (X) Change () Addition
Name: LEISTNER, CHERI Z
Address: 1900 COLONEL SANDERS LANE
City-St-Zip: LOUISVILLE, KY 40213

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA J. GREGG

AS

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date