

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91116 001 ***450.00

DOCUMENT # F98000001313

1. Entity Name

TACO BELL OF AMERICA, INC.



Principal Place of Business

1900 COLONEL SANDERS LANE
LOUISVILLE KY 40213
US

Mailing Address

C/O TRICON
1900 COLONEL SANDERS LANE
LOUISVILLE KY 40213
US

bb413420



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-0777005

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME LORA, MELISSA
STREET ADDRESS 17901 VON KARMAN
CITY-ST-ZIP IRVINE CA 92614-6221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CS ☒ Delete
NAME SMITH, RICHARD A
STREET ADDRESS 17901 VON KARMAN
CITY-ST-ZIP IRVINE CA 92614-6221

TITLE VP-Secretary ☐ Change ☒ Addition
NAME Steven L. Emmons
STREET ADDRESS 17901 Von Karman
CITY-ST-ZIP Irvine, CA 92614-6221

TITLE DASV ☐ Delete
NAME SHIRLEY, R. BRYCE
STREET ADDRESS 17901 VON KARMAN
CITY-ST-ZIP IRVINE CA 92614-6221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME MURPHY, MARTIN
STREET ADDRESS 17901 VON KARMAN
CITY-ST-ZIP IRVINE CA 92614-6221

TITLE CFO ☐ Change ☒ Addition
NAME Kathleen O'Neal
STREET ADDRESS 17901 Von Karman
CITY-ST-ZIP Irvine, CA 92614-6221

TITLE AS ☐ Delete
NAME STEARMAN, JEFF
STREET ADDRESS 17901 VON KARMAN
CITY-ST-ZIP LOUISVILLE KY 40213

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeff Stearman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFF STEARMAN

Date

Daytime Phone #

(502) 874-8300