


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-26-2004 91116 001 ***450.00

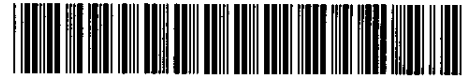
DOCUMENT # F98000001313
 1. Entity Name
TACO BELL OF AMERICA, INC.



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.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **33-0777005**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE P NAME LORA, MELISSA STREET ADDRESS 17901 VON KARMAN CITY-ST-ZIP IRVINE CA 92614-6221	<input type="checkbox"/> Delete
TITLE CS NAME SMITH, RICHARD A STREET ADDRESS 17901 VON KARMAN CITY-ST-ZIP IRVINE CA 92614-6221	<input checked="" type="checkbox"/> Delete
TITLE DASV NAME SHIRLEY, R. BRYCE STREET ADDRESS 17901 VON KARMAN CITY-ST-ZIP IRVINE CA 92614-6221	<input type="checkbox"/> Delete
TITLE V NAME MURPHY, MARTIN STREET ADDRESS 17901 VON KARMAN CITY-ST-ZIP IRVINE CA 92614-6221	<input checked="" type="checkbox"/> Delete
TITLE AS NAME STEARMAN, JEFF STREET ADDRESS 17901 VON KARMAN CITY-ST-ZIP LOUISVILLE KY 40213	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP-Secretary NAME Steven L. Emmons STREET ADDRESS 17901 Von Karman CITY-ST-ZIP Irvine, CA 92614-6221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CFO NAME Kathleen O'Neal STREET ADDRESS 17901 Von Karman CITY-ST-ZIP Irvine, CA 92614-6221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** (502) 874-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #