2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINT

D NAME OF SIGNING OFFICER OR DIRECTO

Secretary of State 03-23-2005 90039 013 ***150.00 **DOCUMENT # F98000001313** 1. Entity Name TACO BELL OF AMERICA, INC. Principal Place of Business Mailing Address 40036988 1900 COLONEL SANDERS LANE C/O TRICON 1900 COLONEL SANDERS LANE LOUISVILLE, KY 40213 US LOUISVILLE, KY 40213 US 2. Principal Place of Business 3. Mailing Address 7901 Von Karman 7901 Von Karman Suite, Apt. #, etc. 03042005 CR2E034 (10/03) Chg-P City & State City & State Applied For 4. FEI Number c A CAIrvine rvine 33-0777005 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 92614 П 92614 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITI F ☐ Change ☐ Addition NAME LORA, MELISSA NAME 17901 VON KARMAN STREET ADORESS STREET ADDRESS CITY-ST-ZIP IRVINE, CA 926146221 CITY-ST-ZIP ☐ Delete Change ☐ Addition EMMONS, STEVEN L NAME NAME 17901 VON KARMAN STREET ADDRESS STREET ADDRESS IRVINE, CA 926146221 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Chance ☐ Addition SHIRLEY, R. BRYCE NAME 17901 VON KARMAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP IRVINE, CA 926146221 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition O'NEAL, KATHLEEN MAME NAME STREET ADDRESS 17901 VON KARMAN STREET ADDRESS CITY-ST-ZIP IRVINE, CA 926146221 CITY-ST-ZIP ☐ Delete Change 🗀 Addition TITLE AS TITLE STEARMAN, JEFF NAME NAME 1900 Colonel Sanders Lane Louisville, Ky 40213 STREET ADDRESS 17901 VON KARMAN STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40213 CITY-ST-73P TITLE ☐ Delete MILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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.

R. Bryce Shinley, V.P. Asst Sec. 3-4-05 949.863.4500

FILED Mar 23, 2005 8:00 am



2005 OFFICERS AND DIRECTORS

Melissa Lora

Dir., President

Steven L. Emmons

Dir., Vice President - Sec.

R. Bryce Shirley

Dir., Vice President – Asst. Sec.

Cornelius Colao

Vice President - Chief People Officer

Kathleen O'Neal

Vice President - Chief Financial Officer

Bridgette A. Berry-Smith

Assistant Secretary

Laurence Gerich

Assistant Secretary

Linda Gregg

Assistant Secretary

David Leach

Assistant Secretary

Remona Barbour

Assistant Secretary

Jeffrey Stearman

Assistant Secretary

Mary Shipma

Assistant Secretary

Cheri Leistner

Assistant Secretary

Amy Hu

Assistant Secretary