

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90158 045 \*\*\*150.00

**DOCUMENT # F98000001313**

1. Entity Name  
**TACO BELL OF AMERICA, INC.**



Principal Place of Business  
**17901 VAN KARMAN  
IRVINE, CA 92614 US**

Mailing Address  
**17901 VAN KARMAN  
IRVINE, CA 92614 US**

**50009380**



03272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
LORA, MELISSA  
17901 VON KARMAN  
IRVINE, CA 926146221**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
EMMONS, STEVEN L  
17901 VON KARMAN  
IRVINE, CA 926146221**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DASV  
SHIRLEY, R. BRYCE  
17901 VON KARMAN  
IRVINE, CA 926146221**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO  
O'NEAL, KATHLEEN  
17901 VON KARMAN  
IRVINE, CA 926146221**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
STEARMAN, JEFF  
1900 COLONEL SANDERS LANE  
LOUISVILLE, KY 40213**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Laurence Gerich  
17901 Von Karmen  
Irvine, CA 92614**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Laurence Gerich, Asst. Sec**

**3/27/06 949.863.4500**

Date

Daytime Phone #