2001 UNIFORM BUSINESS REMORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

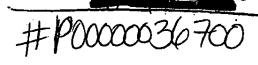
### May 24, 2001 8:00 am Secretary of State DOCUMENT # P0000036700 1. Entity Name 05-02-2001 90094 046 \*\*\*150.00 BULLDOG PIZZA INC. Principal Place of Business Mailing Address 8131 LAKE CROWELL CIRCLE 8131 LAKE CROWELL CIRCLE 47061 ORLANDO FL 32836 ORLANDO FL 32836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For *58 -* 2531044 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIFAZIO, LOU Street Address (P.O. Box Number is Not Acceptable) 8131 LAKE CROWELL CIRCLE ORLANDO FL 32836 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. (NOTE: Fegispered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing regulrement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PSTD Change TITLE ☐ Delete DDE NAME DIFAZIO, LOU NAME STREET ADDRESS STREET ADDRESS 8131 LAKE CROWELL CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 ☐ Addition ☐ Delete [7] Change TITLE DIFAZIO, DAWN E NAME MALLE STREET ADDRESS STREET ADDRESS 8131 LAKE CROWELL CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 Change TITLE ☐ Addition Deleta ΠTIF NAME NAME STREET ADDRESS STREET ADDRESS CAY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET AMORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this liting 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 11 or Block 12 if

Attachment to Florida 2001 Uniform Business Report

PJ Food Service, Inc.

61-1210265

# **Officers**



## Office/Title

Name & Address

CEO & Chairman of the Board

John H. Schnatter 2002 Papa John's Blvd. Louisville, KY 40299-2367

President

Robert Wadell

2002 Papa John's Blvd. Louisville, KY 40299-2367

SVP, Secretary & General Counsel

Charles W. Schnatter 2002 Papa John's Blvd. Louisville, KY 40269-0900

VP - Finance and Administration and Controller

Julie Larner

2002 Papa John's Blvd. Louisville, KY 40299-2367

**VP** - Operations

David Lyons

2002 Papa John's Blvd. Louisville, KY 40299-0900

VP - Strategic Supply Chain Management

Robert Fulks

2002 Papa John's Blvd. Louisville, KY 40299-0900

Corporate Counsel & Assistant

Secretary

Kenneth M. Cox

2002 Papa John's Blvd. Louisville, KY 40299-2367.

### Directors

Name & Address

Date When Term Expires

January 2002

John H. Schnatter 2002 Papa John's Blvd. Louisville, KY 40299-2367

Charles W. Schnatter 2002 Papa John's Blvd. Louisville, KY 40299-2367 January 2002

# Affachment 470U/ 4 P000003670V

	74.84	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) Article Sent fo:
	20	Postage \$ 55  Certified Fee
	0 0046 8802	Total Postage & Fees \$ 3 7 5  Name (Please Print Clearly) (to be impleted by mailer) Division 1 Continue water business Street, Apt. No., pr. PD Box No. Purport, Fruit 90 P. O. Box 1500  City, State, ZiP+4  Tallahasole P1-32302-1500  PS Form \$400. Into 1997

i,	is your BE	☐ Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write "Return Receipt Requested" on the mailpiece below the artifice was delivered.	ace does not  1.   Addressee's Address 2.   Restricted Delivery
		Article Addressed to:  Division of Corporations  Lunforn Business Report  P.D. Box - 1500  Tallahappee - 1-32302-1500  5. Received By: (Print Name)  MICHE  6.	4a. Article Number  7099 34400 0003 3589  4b. Service Typ  Registered  Express 1 20 insured  Return Pacifor for Merchandise 10000  7. Date of Delivery 32081 (20)  8. Addresses and Address (Only it requirested and fee is paid)  1/COS
		14	m Receipt