FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P30367** **(7)**

1. Corporation Name
EL POLLO LOCO, INC.

Principal Place of Business	Mailing Address
203 EAST MAIN STREET POST OFFICE BOX 3800 SPARTANBURG SC 29304	203 EAST MAIN STREET POST OFFICE BOX 3800 SPARTANBURG SC 29304

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/01/1990**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **33-0377527** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☑ Change ☐ Addition
NAME	RICHARDSON, JEROME J.	1.2 NAME	Raymond J. Perry	
STREET ADDRESS	203 E MAIN ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	SPARTANBURG SC	1.4 CITY-ST-ZIP		
TITLE	VAT	2.1 TITLE		☐ Change ☐ Addition
NAME	BIGGS, A RAY	2.2 NAME		
STREET ADDRESS	203 E MAIN ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	SPARTANBURG SC	2.4 CITY-ST-ZIP		
TITLE	VPT	3.1 TITLE		☐ Change ☐ Addition
NAME	DUREN, C. BURT	3.2 NAME		
STREET ADDRESS	203 E MAIN ST	3.3. STREET ADDRESS		
CITY-ST-ZIP	SPARTANBURG SC	3.4 CITY-ST-ZIP		
TITLE	VS	4.1 TITLE		☑ Change ☐ Addition
NAME	WYNN, ROBERT L. III.	4.2 NAME	Rhonda J. Parish	
STREET ADDRESS	203 E MAIN ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	SPARTANBURG SC	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE	D	☑ Change ☐ Addition
NAME	MARSHALL, JAMES A.	5.2 NAME	Samuel H. Maw	
STREET ADDRESS	203 E MAIN ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	SPARTANBURG SC	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change ☑ Addition
NAME		6.2 NAME	H. Stephen MS Manus	
STREET ADDRESS		6.3 STREET ADDRESS	203 E Main St.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Spartanburg, SC 29319	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C Burt Duren 4/18/95 803-597-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
C. Burt Duren

000075 CP