FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **08/01/1990**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21): 2a. Mailing Address (26)
Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27)
City & State (23): City & State (28)
Zip (24): Country (25): Zip (29): Country (30)

4. FEI Number: **33-0377527** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	PERRY, RAYMOND J.		12 NAME	John A. Romandetti	
STREET ADDRESS	203 E MAIN ST		13 STREET ADDRESS	3355 Michelson Dr.	
CITY-ST-ZIP	SPARTANBURG SC		14 CITY-ST-ZIP	Irvine, CA 92715	
TITLE	VAT	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	BIGGS, A RAY		22 NAME	C. Robert Campbell	
STREET ADDRESS	203 E MAIN ST		23 STREET ADDRESS		
CITY-ST-ZIP	SPARTANBURG SC		24 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	DUREN, C. BURT		32 NAME	Ronald B. Hutchison	
STREET ADDRESS	203 E MAIN ST		33 STREET ADDRESS		
CITY-ST-ZIP	SPARTANBURG SC		34 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	PARISH, RHONDA		42 NAME		
STREET ADDRESS	203 E MAIN ST		43 STREET ADDRESS		
CITY-ST-ZIP	SPARTANBURG SC		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☒ Change ☐ Addition
NAME	MAW, SAMUEL H.		52 NAME	Kent M. Smith	
STREET ADDRESS	203 E MAIN ST		53 STREET ADDRESS		
CITY-ST-ZIP	SPARTANBURG SC		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE	AS	☒ Change ☐ Addition
NAME	MCMANUS, H. STEPHEN		62 NAME	Ross B. Nell	
STREET ADDRESS	203 E. MAIN ST		63 STREET ADDRESS		
CITY-ST-ZIP	SPARTANBURG SC		64 CITY-ST-ZIP		

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: Ross B. Nell 4/20/96 864-597-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Asst. Secretary

CR2E034 (12/95)