

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90137 008 \*\*\*150.00

FILED  
A1

**DOCUMENT # P33320**  
 1. Entity Name  
**FAZOLI'S SYSTEMS, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>2470 PALUMBO DR.<br/>LEXINGTON KY 40509</b> | Mailing Address<br><b>2470 PALUMBO DR.<br/>LEXINGTON KY 40509</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|   |  |
|---|--|
| 4. FEI Number<br><b>61-1202178</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>TOYODA, KUNIHIDE<br/>2470 PALUMBO DR.<br/>LEXINGTON KY</b> <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPC<br/>GARRETT, LAUREL<br/>2470 PALUMBO DR<br/>LEXINGTON KY 40509</b> <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPCD<br/>LALLY, THOMAS P<br/>2470 PALUMBO DR<br/>LEXINGTON KY 40509</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPF<br/>SMITH, DAVID<br/>2470 PALUMBO DR.<br/>LEXINGTON KY</b> <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>NELSON, SAM P<br/>2470 PALUMBO DR<br/>LEXINGTON KY</b> <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SA<br/>MOORE, ELIZABETH<br/>2470 PALUMBO DR<br/>LEXINGTON KY</b> <input type="checkbox"/> Delete        |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE: David Smith CP of Finance & CFO Date: 01/08/02 Daytime Phone #: (859) 268-1668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

Attachment  
Doc # P 33320  
APRIL 2, 2001 73704B

**FAZOLI'S SYSTEMS, INC.**  
A Kentucky Corporation  
2470 Palumbo Drive  
Lexington, Kentucky 40509

| <u>NAME</u>        | <u>OFFICE</u>  |
|--------------------|--|
| Kuni Toyoda        | President, Chief Executive Officer and Chairman of the Board             |
| Wayne M. Albritton | Vice President, Chief Operating Officer                                  |
| David Smith        | Vice President, Finance and Chief Financial Officer                      |
| Rebecca Fine       | Vice President, Chief People Officer                                     |
| Floyd Goldberg     | Vice President, Information Technology                                   |
| Thomas P. Lally    | Vice President, Construction and Development                             |
| Laurel Garrett     | Vice President, Chief Franchising Officer, General Counsel and Secretary |
| Sam P. Nelson      | Vice President, Franchise Development and Relations                      |
| Charles Lousignont | Vice President, Purchasing, Administration and Quality Assurance         |
| Kathryn Watkins    | Vice President, Training and Development                                 |
| M. Elizabeth Moore | Assistant Secretary  |

**Directors**

Kuni Toyoda  
David Smith  
Wayne M. Albritton  
Jon Mills  
Laurel Garrett  
Sam P. Nelson