
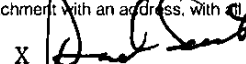


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90023 026 ***150.00

DOCUMENT # P33320					
1. Entity Name FAZOLI'S SYSTEMS, INC.					
Principal Place of Business 2470 PALUMBO DR. LEXINGTON, KY 40509			Mailing Address 2470 PALUMBO DR. LEXINGTON, KY 40509		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
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.				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOYODA, KUNIHIDE		NAME	Craig, Dave	
STREET ADDRESS	2470 PALUMBO DR.		STREET ADDRESS	2470 Palumbo Drive	
CITY-ST-ZIP	LEXINGTON, KY		CITY-ST-ZIP		
TITLE	VCOO	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBRITTON, WAYNE M		NAME	Lippert, Greg	
STREET ADDRESS	2470 PALUMBO DR		STREET ADDRESS	2470 Palumbo Dr	
CITY-ST-ZIP	LEXINGTON, KY 40509		CITY-ST-ZIP		
TITLE	VPCO	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINE, REBECCA		NAME	Benson, Dennis	
STREET ADDRESS	2470 PALUMBO DR		STREET ADDRESS	2470 Palumbo Drive	
CITY-ST-ZIP	LEXINGTON, KY 40509		CITY-ST-ZIP		
TITLE	VPF	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, DAVID		NAME	Nelson, Sam	
STREET ADDRESS	2470 PALUMBO DR.		STREET ADDRESS	2470 Palumbo Drive	
CITY-ST-ZIP	LEXINGTON, KY		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, SAM P		NAME	Byler, David	
STREET ADDRESS	2470 PALUMBO DR		STREET ADDRESS	2470 Palumbo Drive	
CITY-ST-ZIP	LEXINGTON, KY		CITY-ST-ZIP		
TITLE	VGCS	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, ELIZABETH		NAME	Lousignont, Charles	
STREET ADDRESS	2470 PALUMBO DR		STREET ADDRESS	2470 Palumbo Drive	
CITY-ST-ZIP	LEXINGTON, KY 40509		CITY-ST-ZIP		
12. 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 prepare 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: <input checked="" type="checkbox"/> 			David Smith		1/06/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

40010150



01062005 Chg-P CR2E034 (10/03)

4. FEI Number 61-1202178 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL Zip Code

(859) 826-6277

ATTACHMENT

40010150

FAZOLI'S SYSTEMS, INC.

November 29, 2004

A Kentucky Corporation, incorporated on 07-25-90
2470 Palumbo Drive
Lexington, Kentucky 40509

P33320

NAME

OFFICE

Kuni Toyoda ✓	President, Chief Executive Officer and Chairman of the Board
Greg Lippert ✓	Vice President, Marketing and Chief Concept Officer
David Smith ✓	Vice President, Finance and Chief Financial Officer
M. Elizabeth Moore ✓	Vice President, Chief Franchise Officer, General Counsel and Secretary
Dave Craig ✓	Vice President, Human Resources
Dennis Benson ✓	Vice President, Operations
Sam P. Nelson ✓	Vice President, Franchise Development and Relations
David Byler ✓	Vice President, Development
Charles Lousignon ✓	Vice President, Purchasing, Administration and Quality Assurance
Kathryn Watkins	Vice President, Organizational Learning and Communications
Floyd Goldberg	Vice President, Information Technology
Pamela B. Sargent	Assistant Secretary

Directors

Kuni Toyoda
David Smith
Greg Lippert
M. Elizabeth Moore
Sam P. Nelson

Sole Shareholder

Seed Restaurant Group, Inc.