

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000006484

Entity Name: TACO BELL OF AMERICA, LLC

Current Principal Place of Business:

1 GLEN BELL WAY
IRVINE, CA 92618

FILED
Feb 11, 2016
Secretary of State
CC3284624245

Current Mailing Address:

1 GLEN BELL WAY
IRVINE, CA 92618

FEI Number: 33-0777005

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name YUM! BRANDS INC.
Address 1441 GARDINER LANE
City-State-Zip: LOUISVILLE KY 40213

Title PRES
Name LORA, MELISSA
Address 1 GLEN BELL WAY
City-State-Zip: IRVINE CA 92618

Title VP
Name WILLIAMS, ELIZABETH
Address 1 GLEN BELL WAY
City-State-Zip: IRVINE CA 92618

Title VPSE
Name WESTON, JR, RAY D
Address 1 GLEN BELL WAY
City-State-Zip: IRVINE CA 92618

Title VPCM
Name NICCOL, BRIAN
Address 1 GLEN BELL WAY
City-State-Zip: IRVINE CA 92618

Title AS
Name GERICH, LAURENCE
Address 1 GLEN BELL WAY
City-State-Zip: IRVINE CA 92618

Title ASSISTANT SECRETARY
Name SHIPMA, MARY C
Address 1 GLEN BELL WAY
City-State-Zip: IRVINE CA 92618

Title ASSISTANT SECRETARY
Name CONKLING, JENIFER
Address 1 GLEN BELL WAY
City-State-Zip: IRVINE CA 92618

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURENCE GERICH

ASSISTANT SECRETARY 02/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date