

**2014 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**  
**Apr 08, 2014**  
**Secretary of State**  
**CC7240409375**

**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

*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 04/08/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date