

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000510

FILED
Jan 12, 2016
Secretary of State
CC6638447732

Entity Name: POPEYES LOUISIANA KITCHEN, INC.

Current Principal Place of Business:

400 PERIMETER CENTER TERRACE, STE. 1000
ATLANTA, GA 30346

Current Mailing Address:

400 PERIMETER CENTER TERRACE, STE. 1000
ATLANTA, GA 30346 US

FEI Number: 58-2016606

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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

Officer/Director Detail :

Title CEOP, DIR
Name BACHELDER, CHERYL A
Address 400 PERIMETER CENTER TERRACE,
 STE. 1000
City-State-Zip: ATLANTA GA 30346

Title TREASURER
Name MATT, WILLIAM P.
Address 400 PERIMETER CENTER TERRACE,
 STE. 1000
City-State-Zip: ATLANTA GA 30346

Title SEC
Name COHEN, HAROLD M
Address 400 PERIMETER CENTER TERRACE,
 STE. 1000
City-State-Zip: ATLANTA GA 30346

Title DIR
Name CRANOR, III, JOHN M
Address 400 PERIMETER CENTER TERRACE,
 STE. 1000
City-State-Zip: ATLANTA GA 30346

Title DIR
Name IDE, III, R. WILLIAM
Address 400 PERIMETER CENTER TERRACE,
 STE. 1000
City-State-Zip: ATLANTA GA 30346

Title DIR
Name BYRD, CAROLYN H
Address 400 PERIMETER CENTER TERRACE,
 STE. 1000
City-State-Zip: ATLANTA GA 30346

Title VP, DEPUTY GENERAL COUNSEL &
 ASSISTANT SECRETARY
Name WARD, PETER H
Address 400 PERIMETER CENTER TERRACE,
 STE. 1000
City-State-Zip: ATLANTA GA 30346

Title DIR
Name ANAND, KRISHNAN
Address 400 PERIMETER CENTER TERRACE,
 STE. 1000
City-State-Zip: ATLANTA GA 30346

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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 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 above, or on an attachment with all other like empowered.

SIGNATURE: COHEN , HAROLD M

SECRETARY

01/12/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIR
Name HOFFNER, JOHN F
Address 400 PERIMETER CENTER TERRACE, STE. 1000
City-State-Zip: ATLANTA GA 30346