

**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

**Continues on page 2**

*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