

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000510

Entity Name: POPEYES LOUISIANA KITCHEN, INC.

Current Principal Place of Business:

5707 BLUE LAGOON DRIVE
MIAMI, FL 33126

Current Mailing Address:

5707 BLUE LAGOON DRIVE
MIAMI, FL 33126 US

FEI Number: 58-2016606

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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

Officer/Director Detail :

Title DIRECTOR & SECRETARY
Name GRANAT, JILL
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title DIRECTOR & VICE PRESIDENT
Name DUNNIGAN, MATTHEW
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title PRESIDENT, AMERICAS
Name ATHAYDE, FELIPE
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title CFO
Name BRANDON, MATTHEW
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title HEAD OF TAX
Name SCHICHEL, MARK
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title ASSISTANT SECRETARY
Name GONZALEZ, ESTHER
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title TREASURER
Name MONTINI, FLAVIO
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title ASSISTANT SECRETARY
Name GILES-KLEIN, LISA
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

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: LISA GILES-KLEIN

ASSISTANT SECRETARY 04/16/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title HEAD, TAX PROVISIONING
Name BOMAR, JIM
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

Title PRINCIPAL ACCOUNT OFFICER &
CONTROLLER
Name FRIESNER, JACQUELINE
Address 5707 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126