

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90294 048 ***150.00

0669094 AT

DOCUMENT # 827213

1. Entity Name
HARDEE'S FOOD SYSTEMS, INC.



Principal Place of Business
**401 W. CARL KARCHER WAY
ANAHEIM CA 92801**

Mailing Address
**401 W. CARL KARCHER WAY
ANAHEIM CA 92801**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **56-0732584** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P & Director	<input type="checkbox"/> Delete	TITLE President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PUZDER, ANDREW		NAME Puzder, Andrew	
STREET ADDRESS 401 W. CARL KARCHER WAY		STREET ADDRESS 3916 W. Carl Karcher way	
CITY-ST-ZIP ANAHEIM CA 92801		CITY-ST-ZIP Anaheim, CA 92801	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MURPHY, MICHAEL E		NAME William P Foley II	
STREET ADDRESS 1200 N. HARBOR BLVD		STREET ADDRESS 3916 State Street	
CITY-ST-ZIP ANAHEIM CA 92801		CITY-ST-ZIP Santa Barbara, CA 93101	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOWRY, DOUGLAS P		NAME Lowry, Douglas P	
STREET ADDRESS 601 S. LEWIS ST		STREET ADDRESS 401 W. Carl Karcher way	
CITY-ST-ZIP ORANGE CA 92608		CITY-ST-ZIP Anaheim, CA 92801	
TITLE S	<input type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME William Werner		NAME William Werner	
STREET ADDRESS 505 N. 7th Street, Ste. 2000		STREET ADDRESS 505 N. 7th Street, Ste. 2000	
CITY-ST-ZIP St. Louis, MO 63101		CITY-ST-ZIP St. Louis, MO 63101	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas P. Lowry **DATE REQUIRED** 4/21/03 **DAYTIME PHONE #** (714) 774-5796

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE DAYTIME PHONE #

CR2E034 (10/02)