

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

REGISTRATION UNIT

03-14-2002 90306 017 ***150.00

DOCUMENT # P35378
 1. Entity Name
PANDA EXPRESS, INC.

Principal Place of Business Mailing Address
899 EL CENTRO ST **899 EL CENTRO ST**
SOUTH PASADENA CA 91030 **SOUTH PASADENA CA 2A**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
95-4318504 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CHERNG, ANDREW	
STREET ADDRESS	2040 ASHBOURNE DRIVE	
CITY-ST-ZIP	S PASADENA CA	
TITLE	PT	<input type="checkbox"/> Delete
NAME	CHERNG, PEGGY	
STREET ADDRESS	2040 ASHBOURNE DRIVE	
CITY-ST-ZIP	S PASADENA CA	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	THEUER, JOHN F	
STREET ADDRESS	6208 W 77TH STREET	
CITY-ST-ZIP	LOS ANGELES CA 90045	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CHENG, IRENE	
STREET ADDRESS	813 SUMMIT DRIVE	
CITY-ST-ZIP	S. PASADENA CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILKINSON, R. MICHAEL	
STREET ADDRESS	6351 TURNBERRY CIR	
CITY-ST-ZIP	HUNTINGTON BCH CA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LIU, STANLEY N.	
STREET ADDRESS	1188 E RUBIO STREET	
CITY-ST-ZIP	ALTADENA CA 91001	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **THEUER, CEO** **1-18-02** **626-799-9898**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)