

1.) CORPORATION NAME:

**BOJANGLES' RESTAURANTS, INC.**

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1093949**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9432 SOUTHERN PINE BLVD

CITY/ST/ZIP: CHARLOTTE, NC 28273

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: JAMES R KIBLER TITLE: CEO/P/D ADDRESS: 9432 SOUTHERN PINE BLVD CITY/ST/ZIP/CO: CHARLOTTE, NC 28273</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MIKE J BEARSS TITLE: S VP/PURCHSNG ADDRESS: 9432 SOUTHERN PINE BLVD CITY/ST/ZIP/CO: CHARLOTTE, NC 28273</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: M JOHN JORDAN TITLE: SR VP-FIN/CFO ADDRESS: 9432 SOUTHERN PINE BLVD CITY/ST/ZIP/CO: CHARLOTTE, NC 28273</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: K RANDALL POINDEXTER TITLE: S VP/MARKTNG ADDRESS: 9432 SOUTHERN PINE BLVD CITY/ST/ZIP/CO: CHARLOTTE, NC 28273</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ERIC M NEWMAN TITLE: EVP/GC/S ADDRESS: 9432 SOUTHERN PINE BLVD CITY/ST/ZIP/CO: CHARLOTTE, NC 28273</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Kenneth E. Avery TITLE: VICE PRESIDENT ADDRESS: 9432 Southern Pine Blvd. CITY/ST/ZIP/CO: Charlotte, NC 28273</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Anthony Hopson TITLE: VICE PRESIDENT ADDRESS: 9432 Southern Pine Blvd. CITY/ST/ZIP/CO: Charlotte, NC 28273	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Victoria A. Smith TITLE: VICE PRESIDENT ADDRESS: 9432 Southern Pine Blvd. CITY/ST/ZIP/CO: Charlotte, NC 28273	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: William F. Easterling TITLE: VICE PRESIDENT ADDRESS: 9432 Southern Pine Blvd. CITY/ST/ZIP/CO: Charlotte, NC 28273	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Shad Collins TITLE: VICE PRESIDENT ADDRESS: 9432 Southern Pine Blvd. CITY/ST/ZIP/CO: Charlotte, NC 28273	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Lorie C. Brown TITLE: ASST SECRETARY ADDRESS: 9432 Southern Pine Blvd. CITY/ST/ZIP/CO: Charlotte, NC 28273	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Sylvia Schultz TITLE: ASST SECRETARY ADDRESS: 9432 Southern Pine Blvd. CITY/ST/ZIP/CO: Charlotte, NC 28273	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.				
/s/ Lorie C. Brown	Lorie C. Brown,	2/12/2013		
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.				