

1.) CORPORATION NAME:

**BOJANGLES' RESTAURANTS, INC.**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES R KIBLER	
TITLE:	CEO/P/D	
ADDRESS:	9432 SOUTHERN PINE BLVD	
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28273	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KENNETH E. AVERY	
TITLE:	Sr VP Co Oper.	
ADDRESS:	9432 SOUTHERN PINE BLVD.	
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28273	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MIKE J BEARSS	
TITLE:	S VP/R&D	
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:	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:	ANTHONY HOPSON	
TITLE:	Sr VP Fran Op.	
ADDRESS:	9432 SOUTHERN PINE BLVD.	
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28273	

NAME: M JOHN JORDAN TITLE: SR VP-FIN/CFO ADDRESS: 9432 SOUTHERN PINE BLVD CITY/ST/ZIP/CO: CHARLOTTE, NC 28273	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: K RANDALL POINDEXTER TITLE: S VP/MARKTNG ADDRESS: 9432 SOUTHERN PINE BLVD CITY/ST/ZIP/CO: CHARLOTTE, NC 28273	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KEITH ROSENTHAL TITLE: Sr VP Purch 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: Sr VP HR ADDRESS: 9432 SOUTHERN PINE BLVD. CITY/ST/ZIP/CO: CHARLOTTE, NC 28273	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ERIC M NEWMAN TITLE: EVP/GC/S 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
NAME: Randy Icard TITLE: VICE PRESIDENT 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LORIE C. BROWN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
1/6/2014 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.	