

1.) CORPORATION NAME:

**Popeyes Louisiana Kitchen, Inc.**

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATE CREATIONS NETWORK INC.  
6802 PARAGON PLACE SUITE 410  
RICHMOND, VA**

SCC ID NO: **F1125980**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	150,000,000
PREFER	2,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 PERIMETER CENTER TERRACE, SUITE 1000

CITY/ST/ZIP: ATLANTA, GA 30346

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.

NAME:	CHERYL A BACHELDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/ CEO		
ADDRESS:	400 PERIMETER CENTER TERRACE, SUITE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30346		
NAME:	HAROLD M COHEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/GC/S		
ADDRESS:	400 PERIMETER CENTER TERRACE, SUITE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30346		
NAME:	H MELVILLE HOPE III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	400 PERIMETER CENTER TERRACE, SUITE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30346		
NAME:	KRISHNAN ANAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 PERIMETER CENTER TERRACE, SUITE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30346		
NAME:	VICTOR ARIAS JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 PERIMETER CENTER TERRACE, SUITE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30346		
NAME:	CAROLYN HOGAN BYRD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 PERIMETER CENTER TERRACE, SUITE 1000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30346		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN M CRANOR, III DIRECTOR 400 PERIMETER CENTER TERRACE, SUITE 1000 ATLANTA, GA 30346	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN F HOFFNER DIRECTOR 400 PERIMETER CENTER TERRACE, SUITE 1000 ATLANTA, GA 30346	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. WILLIAM IDE, III DIRECTOR 400 PERIMETER CENTER TERRACE, SUITE 1000 ATLANTA, GA 30346	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KELVIN J PENNINGTON DIRECTOR 400 PERIMETER CENTER TERRACE, SUITE 1000 ATLANTA, GA 30346	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ HAROLD M COHEN	HAROLD M COHEN, SR VP/GC/S	10/2/2014
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.