

<b>SCC eFile</b>	<b>2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	216533206
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1.) CORPORATION NAME: <b>Popeyes Louisiana Kitchen, Inc.</b>	DUE DATE: <b>10/31/2016</b>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATE CREATIONS NETWORK INC.          6802 PARAGON PLACE SUITE 410          RICHMOND, VA</b>	SCC ID NO: <b>F1125980</b>						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>150,000,000</td> </tr> <tr> <td>PREFER</td> <td>2,500,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	150,000,000	PREFER	2,500,000
CLASS	AUTHORIZED						
COMMON	150,000,000						
PREFER	2,500,000						
4.) STATE OR COUNTRY OF INCORPORATION: <b>MN</b>							

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHERYL A BACHELDER TITLE: P/ CEO ADDRESS: 400 PERIMETER CENTER TERRACE, SUITE 1000 CITY/ST/ZIP/CO: ATLANTA, GA 30346		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: HAROLD M COHEN TITLE: SR VP/GC/S ADDRESS: 400 PERIMETER CENTER TERRACE, SUITE 1000 CITY/ST/ZIP/CO: ATLANTA, GA 30346		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM P MATT TITLE: CFO/TREAS ADDRESS: 400 PERIMETER CENTER TERRACE, SUITE 1000 CITY/ST/ZIP/CO: ATLANTA, GA 30346		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KRISHNAN ANAND TITLE: DIRECTOR ADDRESS: 400 PERIMETER CENTER TERRACE, SUITE 1000 CITY/ST/ZIP/CO: ATLANTA, GA 30346		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN M CRANOR, III TITLE: DIRECTOR ADDRESS: 400 PERIMETER CENTER TERRACE, SUITE 1000 CITY/ST/ZIP/CO: ATLANTA, GA 30346		

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/ CHERYL A BACHELDER	CHERYL A BACHELDER, P/ CEO	9/2/2016
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.