

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214538503

1.) CORPORATION NAME:

**Yum Restaurant Services Group, Inc.**

DUE DATE: **9/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1307547**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 3,000      |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1441 GARDNER LN

CITY/ST/ZIP: LOUISVILLE, KY 40213-2100

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:           | SCOTT A. CATLETT     |   |  |
| TITLE:          | PRESIDENT/CEO        |   |  |
| ADDRESS:        | 1441 GARDINER LANE   |   |  |
| CITY/ST/ZIP/CO: | LOUISVILLE, KY 40213 |   |  |

|                 |                      |   |  |
|-----------------|----------------------|---|--|
|                 |                      | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | JOHN P. DALY         |   |  |
| TITLE:          | VP/SECRETARY         |   |  |
| ADDRESS:        | 1441 GARDINER LANE   |   |  |
| CITY/ST/ZIP/CO: | LOUISVILLE, KY 40213 |   |  |

|                 |                      |   |                                   |
|-----------------|----------------------|---|-----------------------------------|
|                 |                      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | WILLIAM L. GATHOF    |   |                                   |
| TITLE:          | VP/TREASURER         |   |                                   |
| ADDRESS:        | 1441 GARDINER LANE   |   |                                   |
| CITY/ST/ZIP/CO: | LOUISVILLE, KY 40213 |   |                                   |

|                 |                      |   |                                   |
|-----------------|----------------------|---|-----------------------------------|
|                 |                      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | DIANA T. BEAKES      |   |                                   |
| TITLE:          | ASST SECRETARY       |   |                                   |
| ADDRESS:        | 1441 GARDINER LANE   |   |                                   |
| CITY/ST/ZIP/CO: | LOUISVILLE, KY 40213 |   |                                   |

|                 |                      |   |                                   |
|-----------------|----------------------|---|-----------------------------------|
|                 |                      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | AJ DESPOSITO         |   |                                   |
| TITLE:          | ASST SECRETARY       |   |                                   |
| ADDRESS:        | 1441 GARDINER LANE   |   |                                   |
| CITY/ST/ZIP/CO: | LOUISVILLE, KY 40213 |   |                                   |

|                 |                      |   |                                   |
|-----------------|----------------------|---|-----------------------------------|
|                 |                      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | LINDA J. NEAT        |   |                                   |
| TITLE:          | ASST SECRETARY       |   |                                   |
| ADDRESS:        | 1441 GARDINER LN     |   |                                   |
| CITY/ST/ZIP/CO: | LOUISVILLE, KY 40213 |   |                                   |

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.

|  |  |                 |
|--|--|-----------------|
| <u>/s/ DIANA T. BEAKES</u>                             | <u>DIANA T. BEAKES, ASST</u>                     | <u>8/5/2014</u> |
| SIGNATURE OF DIRECTOR/OFFICER<br>LISTED IN THIS REPORT | SECRETARY<br>PRINTED NAME AND CORPORATE<br>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.