

<b>SCC eFile</b>	<b>2011 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	211533447
------------------	---	-----------

1.) CORPORATION NAME: <b>YUM! Brands, Inc.</b>	DUE DATE: <b>10/31/2011</b>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</b>	SCC ID NO: <b>F1355876</b>						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION						
4.) STATE OR COUNTRY OF INCORPORATION: <b>NC</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>750,000,000</td> </tr> <tr> <td>PREFER</td> <td>250,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	750,000,000	PREFER	250,000,000
CLASS	AUTHORIZED						
COMMON	750,000,000						
PREFER	250,000,000						

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1441 GARDINER LA

CITY/ST/ZIP: LOUISVILLE, KY 40213

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: DAVID C NOVAK			
TITLE: PRESIDENT			
ADDRESS: 1441 GARDINER LA			
CITY/ST/ZIP/CO: LOUISVILLE, KY 40213			

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: RICHARD CARUCI			
TITLE: SR VP/CFO/DESIG			
ADDRESS: 1441 CARDINER LANE			
CITY/ST/ZIP/CO: LOUISVILLE, KY 40213			

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: MARY R NIXON			
TITLE: VP/TAX & INT A			
ADDRESS: 1900 COLONEL SANDERS LN			
CITY/ST/ZIP/CO: LOUISVILLE, KY 40213			

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: CHRISTIAN L CAMPBELL			
TITLE: S/GC/SVP			
ADDRESS: 1441 GARDINER LA			
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 LANE			
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.

/s/ LINDA J NEAT	LINDA J NEAT, ASST SECRETARY	6/26/2012
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.