

1.) CORPORATION NAME:

**KENTUCKY FRIED CHICKEN FOUNDATION, INC.**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD SUITE 301  
GLEN ALLEN, VA 23060**

SCC ID NO: **F1608498**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**KY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1900 COLONEL SANDERS LN

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.

NAME: JOHN CYWINSKI TITLE: PRESIDENT ADDRESS: 1441 GARDINER LN CITY/ST/ZIP/CO: LOUISVILLE, KY 40213	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DARLENE PFEIFFER TITLE: VICE PRESIDENT ADDRESS: 60 RIVERVIEW CITY/ST/ZIP/CO: PORT EWEN, NY 12466	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ALAN FORSYTHE TITLE: TREASURER ADDRESS: 1930 BISHOP LN STE 701 CITY/ST/ZIP/CO: LOUISVILLE, KY 40218	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CINDY HARBIN TITLE: SECRETARY ADDRESS: 1900 COLONEL SANDERS LN CITY/ST/ZIP/CO: LOUISVILLE, KY 40213	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JANET KUHN TITLE: DIRECTOR ADDRESS: 1441 GARDINER LN CITY/ST/ZIP/CO: LOUISVILLE, KY 40213	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: David Sparks TITLE: DIRECTOR ADDRESS: 10213 Silver Grade Ct, NW CITY/ST/ZIP/CO: Albuquerque, NM 87114	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER WASILEVICH DIRECTOR 8207 22ND AVE, SUITE 160 KENOSHA, WI 53143	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM SLATER DIRECTOR 82 GREEN NUMBER 7 DR ST CHARLES, MO 63303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN SHERMAN DIRECTOR 1441 GARDINER LN LOUISVILLE, KY 40213	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JASON MARKER DIRECTOR 1441 GARDINER LN LOUISVILLE, KY 40213	<input type="checkbox"/> OFFICER	<input checked="" 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/ CINDY HARBIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CINDY HARBIN, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/6/2012 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.			