

**2020 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: F1093949

Filing Number: 191212000000
Filing Date/Time: 12/12/2019 08:45 AM
Effective Date/Time: 12/12/2019 08:45 AM



1 0 4 F 1 0 9 3 9 4 9

1. CORPORATION NAME
BOJANGLES' RESTAURANTS, INC.

DUE DATE: 12/31/2020

CORPORATE ID.: F109394-9

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: B.E. AUTH IN VIRGINI.

C T CORPORATION SYSTEM
4701 Cox Rd Ste 285
Glen Allen VA 23060-6808

5. TOTAL NUMBER OF AUTHORIZED SHARES:
1,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
143 - HENRICO COUNTY

4. STATE OR COUNTRY OF INCORPORATION:
DE - DELAWARE

Changes to items 1 through 5 above cannot be accomplished on this annual report form and will require a separate filing(s). Carefully read the enclosed instruction sheet. Visit our website at scc.virginia.gov/clk/formfee.aspx or contact the Clerk's Office. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS: 9432 SOUTHERN PINE BLVD	ADDRESS:
CITY/ST/ZIP: CHARLOTTE NC 28273	CITY/ST/ZIP:

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.

<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: LAURA ROBERTS</p> <p>TITLE: VP, SECRETARY</p> <p>ADDRESS: 9432 SOUTHERN PINE BLVD.</p> <p>CITY/ST/ZIP: CHARLOTTE NC 28273</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:</p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW.

Laura Roberts
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

LAURA ROBERTS
VP SECRETARY
/ PRINTED NAME AND TITLE

12-3-19
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

CISBSW

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<p style="text-align: right;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: WILLIAM F. EASTERLING</p> <p>TITLE: VICE PRESIDENT</p> <p>ADDRESS: 9432 SOUTHERN PINE BLVD.</p> <p>CITY/ST/ZIP: CHARLOTTE NC 28273</p>	<p style="text-align: right;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <i>JOSE COSTA</i></p> <p>TITLE: <i>CHIEF DEVELOPMENT OFFICER</i></p> <p>ADDRESS: <i>9432 SOUTHERN PINE BLVD</i></p> <p>CITY/ST/ZIP: <i>CHARLOTTE NC 28273</i></p>
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<p style="text-align: right;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: JAYSON ROMEO</p> <p>TITLE: VP, CHF OF STAF</p> <p>ADDRESS: 9432 SOUTHERN PINE BLVD.</p> <p>CITY/ST/ZIP: CHARLOTTE NC 28273</p>	<p style="text-align: right;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <i>BRIAN UNGER</i></p> <p>TITLE: <i>CHIEF OPERATING OFFICER</i></p> <p>ADDRESS: <i>9432 SOUTHERN PINE BLVD</i></p> <p>CITY/ST/ZIP: <i>CHARLOTTE NC 28273</i></p>
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<p style="text-align: right;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: M. JOHN JORDAN</p> <p>TITLE: SVP/FNC/CFO/IT</p> <p>ADDRESS: 9432 SOUTHERN PINE BLVD.</p> <p>CITY/ST/ZIP: CHARLOTTE NC 28273</p>	<p style="text-align: right;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <i>REESE STEWART</i></p> <p>TITLE: <i>CFO / TREASURER</i></p> <p>ADDRESS: <i>9432 SOUTHERN PINE BLVD</i></p> <p>CITY/ST/ZIP: <i>CHARLOTTE NC 28273</i></p>
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<p style="text-align: right;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JAMES R KIBLER</p> <p>TITLE: INT CEO/INT PRE</p> <p>ADDRESS: 9432 SOUTHERN PINE BLVD</p> <p>CITY/ST/ZIP: CHARLOTTE NC 28273</p>	<p style="text-align: right;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <i>JOSE ARMARIO</i></p> <p>TITLE: <i>CEO / PRESIDENT</i></p> <p>ADDRESS: <i>9432 SOUTHERN PINE BLVD</i></p> <p>CITY/ST/ZIP: <i>CHARLOTTE NC 28273</i></p>