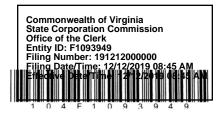
2020 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION



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:

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.

Mark appropriate box unless area below is blank: ☐ Information is incorrect ☐ Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: ☐Correction ☐ Addition ☐ Replacement
OFFICER X DIRECTOR X	OFFICER DIRECTOR
NAME: LAURA ROBERTS	NAME:
TITLE: VP, SECRETARY	TITLE:
ADDRESS: 9432 SOUTHERN PINE BLVD.	ADDRESS:
CITY/ST/ZIP: CHARLOTTE NC 28273	CITY/ST/ZIP:

I AFFIRM THAT, THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

LAURA POBERTS
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.

2020 ANNUAL REPORT CONTINUED

CORPORATE NAME: BOJANGLES' RESTAURANTS, INC.

Commonwealth of Virginia State Corporation Commission Office of the Clerk
Entity ID: F1093949
Filing Number: 191212000000
D7Ming Date/10/02/02/02019 08:45 AM
SCC | Effective Date/Filing: 12/12/2019 08:45 AM

7. DIRECTORS AND PRINCIPAL OFFICERS (continued):	All directors and principal officers must be listed. An individual may be designated as both a director and an officer.
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☒ Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: ☐ Correction ☒ Addition ☐ Replacement
OFFICER X DIRECTOR NAME: WILLIAM F. EASTERLING	NAME: JOSE COSTA OFFICER DIRECTOR
TITLE: VICE PRESIDENT	TITLE CHIEF DEVELOPMENT OFFICER
ADDRESS: 9432 SOUTHERN PINE BLVD.	ADDRESS: 9432 SOUTHERN PINE BLVD
CITY/ST/ZIP: CHARLOTTE NC 28273	CITY/ST/ZIP: CHARLOTTE NC 28273
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: ☐ Correction ☑ Addition ☐ Replacement
NAME: JAYSON ROMEO OFFICER X DIRECTOR	OFFICER DIRECTOR DIRECTOR
TITLE: VP, CHF OF STAF	TITLE: CHIEF OPERATING OFFICER
ADDRESS: 9432 SOUTHERN PINE BLVD.	ADDRESS: 9432 SOUTHERN PINE BLVD
CITY/ST/ZIP: CHARLOTTE NC 28273	CITY/ST/ZIP: CHARLOTTE NC 28273
Mark appropriate box unless area below is blank: ☐ Information is correct	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: Correction Addition Replacement
OFFICER X DIRECTOR X NAME: M. JOHN JORDAN	NAME: REESE STEWART
TITLE: SVP/FNC/CFO/T	TITLE CFO /TREASURER
ADDRESS: 9432 SOUTHERN PINE BLVD.	ADDRESS: 9432 SOUTHERN PINE BLVD

CITY/ST/ZIP: CHARLOTTE NC 28273 CITY/ST/ZIP: CHARLOTTE NC 28273

Mark appropriate box unless area below is blank: If information at lower left is incorrect or blank, please mark appropriate box ☐ Information is correct ☐ Delete Information and enter information below:
Correction Addition Replacement

OFFICER X DIRECTOR X

NAME: JAMES R KIBLER

TITLE: INT CEO/INT PRE

9432 SOUTHERN PINE BLVD ADDRESS:

CITY/ST/ZIP: CHARLOTTE NC 28273

NAME: JOSE ARMARIO DIRECTOR X TITLE: CEO / PRESIDENT
ADDRESS: 9432 SOUTHERN PINE BLVD

CITY/ST/ZIP: CHARLOTTE NC 28273