

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **842255** (2)
 1. Corporation Name
MCDONALD'S CORPORATION A DELAWARE CORPORATION



Principal Place of Business: P.O. BOX 66351, AMF O'HARE AIRPORT, CHICAGO IL 60666
 Mailing Address: P.O. BOX 66351, AMF O'HARE AIRPORT, CHICAGO IL 60666

3. Date Incorporated or Qualified: **12/29/1978**
 3a. Date of Last Report: **04/18/1995**
 4. FEI Number: **36-2361282**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, Suite, Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25
 2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent
PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 81 Name: _____
 82 Street Address (P.O. Box Number is Not Acceptable): _____
 83 _____
 84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RENSI, EDWARD H	
STREET ADDRESS	ONE MCDONALDS PLAZA	
CITY - ST - ZIP	OAK BROOK, IL 0	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	PEARL, CARLETON D.	
STREET ADDRESS	ONE MCDONALDS PLAZA	
CITY - ST - ZIP	OAK BROOK, IL 0	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COHEN, BURTON D.	
STREET ADDRESS	ONE MCDONALD'S PLAZA	
CITY - ST - ZIP	OAK BROOK, IL 0	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PAULL, MATTHEW H.	
STREET ADDRESS	ONE MCDONALDS PLAZA	
CITY - ST - ZIP	OAK BROOK, IL 0	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	YASTROW, SHELBY	
STREET ADDRESS	ONE MCDONALD'S PLAZA	
CITY - ST - ZIP	OAK BROOK IL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	TURNER, FRED L	
STREET ADDRESS	ONE MCDONALD'S PLAZA	
CITY - ST - ZIP	OAK BROOK IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul J. Schaffhausen* Paul J. Schaffhausen Assistant Vice President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 4/11/96 708 575-3295

CR2E034 (12/95)