

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am
Secretary of State



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

PROFIT CORPORATION
ANNUAL REPORT
1997

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



Principal Place of Business Mailing Address
**P.O. BOX 06351
AMF O'HARE AIRPORT
CHICAGO IL 60686**

3. Date Incorporated or Qualified **12/29/1978** 3a. Date of Last Report **04/17/1996**
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENSI, EDWARD H	1.2 NAME	
STREET ADDRESS	ONE MCDONALDS PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	OAK BROOK, IL 0	1.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARL, CARLETON D.	2.2 NAME	
STREET ADDRESS	ONE MCDONALDS PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	OAK BROOK, IL 0	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, BURTON. D.	3.2 NAME	
STREET ADDRESS	ONE MCDONALD'S PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	OAK BROOK, IL 0	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULL, MATTHEW H.	4.2 NAME	
STREET ADDRESS	ONE MCDONALDS PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	OAK BROOK, IL 0	4.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YASTROW, SHELBY	5.2 NAME	SANTONA, GLORIA H.
STREET ADDRESS	ONE MCDONALD'S PLAZA	5.3 STREET ADDRESS	
CITY - ST - ZIP	OAK BROOK IL	5.4 CITY - ST - ZIP	
TITLE	C <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, FRED L	6.2 NAME	
STREET ADDRESS	ONE MCDONALD'S PLAZA	6.3 STREET ADDRESS	
CITY - ST - ZIP	OAK BROOK IL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE: *Paul J. Schaffhausen* **PAUL J. SCHAFFHAUSEN** ASSISTANT VICE PRESIDENT **04/03/97** (630) 623-3295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)