

4-16-98 B4832C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 842255 (2)

1. Corporation Name
MCDONALD'S 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1978	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-2361282	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

B. 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
				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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENSI, EDWARD H	1.2 NAME	GREENBERG, JACK M.
STREET ADDRESS	ONE MCDONALDS PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 0	1.4 CITY-ST-ZIP	60523
TITLE	<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	60523
TITLE	<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	60523
TITLE	<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	60523
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTONA, GLORIA	5.2 NAME	
STREET ADDRESS	ONE MCDONALD'S PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	5.4 CITY-ST-ZIP	60523
TITLE	<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	60523

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, partner, receiver 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 change in name or address.

SIGNATURE: *Paul J. Schaffhausen* **PAUL J. SCHAFFHAUSEN**
 ASSISTANT VICE PRESIDENT 04/03/98 (630) 623-3295

CP2E034 (10/97)