

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

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90090 022 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 456358**  
 1. Corporation Name  
**MCDONALD'S RESTAURANTS OF FLORIDA, INC.**



Principal Place of Business BOX 66351 AMF O'HARE AIRPORT CHICAGO IL 60666	Mailing Address 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
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>07/03/1974</b>	
4. FEI Number <b>36-2802459</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENBERG, JACK M</b>	1.2 NAME	<b>ALAN D. FELDMAN</b>
STREET ADDRESS	<b>ONE MCDONALD'S PLAZA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAK BROOK, IL 0 60523</b>	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONLEY, MICHAEL L</b>	2.2 NAME	
STREET ADDRESS	<b>ONE MCDONALD'S PLAZA</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAK BROOK, IL 0 60523</b>	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANGLEY, JERRY G.</b>	3.2 NAME	
STREET ADDRESS	<b>ONE MCDONALD'S PLAZA</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAK BROOK, IL 0 60523</b>	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAULL, MATTHEW H.</b>	4.2 NAME	
STREET ADDRESS	<b>ONE MCDONALD'S PLAZA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAK BROOK, IL 0 60523</b>	4.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANTONA, GLORIA</b>	5.2 NAME	
STREET ADDRESS	<b>ONE MCDONALD'S PLAZA</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAK BROOK, IL 0 60523</b>	5.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEARL, CARLETON D</b>	6.2 NAME	
STREET ADDRESS	<b>ONE MCDONALD'S PLAZA</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAK BROOK, IL 0 60523</b>	6.4 CITY-ST-ZIP	

14. I 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Paul J. Schaffhausen**  
 Asst. Vice President  
 04-13-99 (630) 623-3295  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1-1/98)