2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **456358** 1. Entity Name MCDONALD'S RESTAURANTS OF FLORIDA, INC. 4-30-2001 90083 039 ***150.00 Principal Place of Business Mailing Address BOX 66351 BOX 66351 AME O'HARE AIRPORT AMF O'HARE AIRPORT CHICAGO IL 60666 CHICAGO IL 60666 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-2802459 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST STE 105 TALLAHASSEE FL 32301 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition FELDMAN, ALAN D NAME NAME STREET ADDRESS ONE MCDONALD'S PLAZA STREET ADDRESS CITY-ST-ZIP OAK BROOK IL 60523 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition CONLEY, MICHAEL L NAME NAME STREET ADDRESS ONE MCDONALD'S PLAZA STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OAK BROOK IL 60523 TITLE Delete TITLE ☐ Change ☐ Addition NAME KINDLER, JEFFREY B STREET ADDRESS ONE MCDONALD'S PLAZA STREET ADDRESS CITY-ST-ZIP OAK BROOK IL 60523 CITY-ST-ZIP TITLE ☐ Delete ☐ Chacge Addition NAME PAULL, MATTHEW H. NAME STREET ADDRESS ONE MCDONALD'S PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OAK BROOK IL 60523 TITLE ☐ Delete TITLE ☐ Change Addition NAME SANTONA, GLORIA NAME STREET ADDRESS ONE MCDONALD'S PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OAK BROOK IL 60523 TITLE Delete TITLE Chaque ___ Addition RICHARD, MICHAEL D NAME NAME STREET ADDRESS ONE MCDONALD'S PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OAK BROOK IL 60523

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attackment with an address, with all other like empowered.

/ASST.SECRETARY

4/14/01

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