FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **842255** **(2)**

1. Corporation Name
MCDONALD'S CORPORATION A DELAWARE CORPORATION

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/29/1978**
3a. Date of Last Report: **04/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **36-2361282** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ 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
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	RENSI, EDWARD H	12 NAME	
STREET ADDRESS	ONE MCDONALDS PLAZA	13 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 0	14 CITY-ST-ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	PEARL, CARLETON D.	22 NAME	
STREET ADDRESS	ONE MCDONALDS PLAZA	23 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 0	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	COHEN, BURTON. D.	32 NAME	
STREET ADDRESS	ONE MCDONALD'S PLAZA	33 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 0	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	PAULL, MATTHEW H.	42 NAME	
STREET ADDRESS	ONE MCDONALDS PLAZA	43 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK, IL 0	44 CITY-ST-ZIP	
TITLE	VS	51 TITLE	☐ Change ☐ Addition
NAME	YASTROW, SHELBY	52 NAME	
STREET ADDRESS	ONE MCDONALD'S PLAZA	53 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	54 CITY-ST-ZIP	
TITLE	C	61 TITLE	☐ Change ☐ Addition
NAME	TURNER, FRED L	62 NAME	
STREET ADDRESS	ONE MCDONALD'S PLAZA	63 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Matthew H Paull VICE PRESIDENT-TAX 04/10/95 (708) 575-3295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0490833 FP