

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 848907 (2)
1. Corporation Name
WENDY'S OLD FASHIONED HAMBURGERS OF NEW YORK, IN
C.

Principal Place of Business Mailing Address
4288 W. DUBLIN-GRANVILLE RD. 4288 W. DUBLIN-GRANVILLE RD.
P.O. BOX 256 P.O. BOX 256
DUBLIN OH 43017 DUBLIN OH 43017-0256



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/22/1981		04/23/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		31-0886349		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
26		31		Trust Fund Contribution		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
27		32		8. Yes		No	
28		33		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
29		34		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
30		35		83		84 City	
31		36		85 Zip Code		FL	

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEOD	NAME	NEAR, JAMES W.	1.1 TITLE	E.V.I.S	1.2 NAME	REED, FREDERICK R.
STREET ADDRESS	4288 W DUBLIN-GRANVILLE RD	CITY - ST - ZIP	DUBLIN OH	1.3 STREET ADDRESS	DUBLIN, OH	1.4 CITY - ST - ZIP	43017
TITLE	VPCD	NAME	CASEY, JOHN K.	2.1 TITLE	V.C.I.D	2.2 NAME	DUBLIN, OH
STREET ADDRESS	4288 W DUBLIN-GRANVILLE RD	CITY - ST - ZIP	DUBLIN OH	2.3 STREET ADDRESS	DUBLIN, OH	2.4 CITY - ST - ZIP	43017
TITLE	P	NAME	TETER, GORDON F.	3.1 TITLE	P/C/D	3.2 NAME	DUBLIN, OH
STREET ADDRESS	4288 DUBLIN-GRANVILLE RD	CITY - ST - ZIP	DUBLIN OH	3.3 STREET ADDRESS	DUBLIN, OH	3.4 CITY - ST - ZIP	43017
TITLE	VP	NAME	LAUDICK, LAWRENCE A	4.1 TITLE	V/A.S /CONTROLLER	4.2 NAME	DUBLIN, OH
STREET ADDRESS	4288 DUBLIN-GRANVILLE RD	CITY - ST - ZIP	DUBLIN OH	4.3 STREET ADDRESS	DUBLIN, OH	4.4 CITY - ST - ZIP	43017
TITLE	EVP	NAME	MUSICK, RONALD E.	5.1 TITLE		5.2 NAME	DUBLIN, OH
STREET ADDRESS	4288 DUBLIN-GRANVILLE RD	CITY - ST - ZIP	DUBLIN OH	5.3 STREET ADDRESS	DUBLIN, OH	5.4 CITY - ST - ZIP	43017
TITLE	SVTD	NAME	BROWNLEY, JOHN F	6.1 TITLE		6.2 NAME	DUBLIN, OH
STREET ADDRESS	4288 W DUBLIN-GRANVILLE RD	CITY - ST - ZIP	DUBLIN OH	6.3 STREET ADDRESS	DUBLIN, OH	6.4 CITY - ST - ZIP	43017

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE REQUIRED

4-11-97

(614) 764-3100

Sr. VP, General Controller & Asst. Sec.

Date

Daytime Phone #

0508105

CR2E034 (9/96)

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000003059 (3)

1. Corporation Name

VOICECOM SYSTEMS, INC.



Principal Place of Business

500 NORTHRIDGE RD. STE 800
ATLANTA GA 30350
US

Mailing Address

500 NORTHRIDGE RD. STE 800
ATLANTA GA 30350-3300
US

3. Date Incorporated or Qualified

07/01/1993

3a. Date of Last Report

05/01/1996

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

4. FEI Number

83-1084440

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

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE
PD	OLIVER, THOMAS R	500 NORTHRIDGE RD, STE 800	ATLANTA GA	
VT	CONELY, GAIL S	500 NORTHRIDGE RD, STE 800	ATLANTA GA	<input type="checkbox"/> DELETE
V	NELLBURGER, WARREN	500 NORTHRIDGE RD, STE 800	ATLANTA GA 30350	<input type="checkbox"/> DELETE
V	SCHRAFFT, THEODORE P	500 NORTHRIDGE RD STE 800	ATLANTA GA	<input type="checkbox"/> DELETE
V	JAMARA, SALLY	500 NORTHRIDGE RD, STE 800	ATLANTA GA 30350	<input type="checkbox"/> DELETE
AS	ROBERTSON, BRUCE	1191 SECOND AVE, 18TH FLOOR	SEATTLE WA 98101-2339	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FIFE, THOMAS W.	777 - 108th AVE N.E., STE 2300	BELLEVUE WA 98004	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GAIL S. CONELY

4/9/97

170-643-2100

Daytime Phone #

0012887

CR2E034 (9/96)