

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848907

FILED
Apr 23, 2008
Secretary of State

Entity Name: WENDY'S OLD FASHIONED HAMBURGERS OF NEW YORK, INC.

Current Principal Place of Business:

4288 W. DUBLIN-GRANVILLE RD.
ATTN: TAX DEPT.
DUBLIN, OH 43017

New Principal Place of Business:

Current Mailing Address:

4288 W. DUBLIN-GRANVILLE RD.
P.O. BOX 256 ATTN: TAX DEPT
DUBLIN, OH 43017

New Mailing Address:

FEI Number: 31-0986349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: ANDERSON, KERRII B
Address: 4288 W DUBLIN-GRANVILLE RD
City-St-Zip: DUBLIN, OH 43017

Title: SVPD () Delete
Name: GALLAGHER, EVERETT E JR
Address: 4288 W DUBLIN-GRANVILLE RD
City-St-Zip: DUBLIN, OH 43017

Title: EVSG () Delete
Name: MCCORKLE, LEON M JR
Address: 4288 W. DUBLIN GRANVILLE RD
City-St-Zip: DUBLIN, OH 43017

Title: COO () Delete
Name: NEAR, DAVID J
Address: 4288 W DUBLIN-GRANVILLE RD
City-St-Zip: DUBLIN, OH 43017

Title: EVTD () Delete
Name: CATHERWOOD, JONATHAN F
Address: 4288 W DUBLIN-GRANVILLE RD
City-St-Zip: DUBLIN, OH 43017

Title: D () Delete
Name: BOWMAN, MICHAEL B
Address: 4288 W DUBLIN-GRANVILLE RD
City-St-Zip: DUBLIN, OH 43017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVERETT E. GALLAGHER

SVPD

04/23/2008

Electronic Signature of Signing Officer or Director

Date