2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 848907

WENDY'S OLD FASHIONED HAMBURGERS OF NEW YORK, II



Principal Place of Business

Mailing Address

FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91277 003 ***150.00

| 4288 W. DUBLIN-GRANVILLE RD. P.O. BOX 256 DUBLIN OH 43017 | | 4288 W. DUBLIN-GRANVILLE RD. P.O. BOX 256 ATTN: TAX DEPT DUBLIN OH 43017 | | |
|--|--|--|---|---|
| 2. Principal Place of Business | | 3. Mailing Address | | - 108(01 (B))) GERUL 18110 10111 99111 (BB1 B10); B1011 01011 51011 01011 01011 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES |
| City & State | | City & State | | 4. FEI Number 31-0986349 Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| : | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered Agent |
| | | | Name | |
| CT CORPORATION SYSTEM | | | Street Addre | ss (P.O. Box Number is Not Acceptable) |
| 1200 S. PINE ISLAND ROAD | | | - Substitution | oo (1.0. Box regimber to recorded by |
| PLANTATI | ON FL 33324 | | | |
| | | | City | FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | |
| Afte | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of | State | - and - | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |
| 10. | OFFICERS AND | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFOD ANDERSON, KERRII B 4288 W DUBLIN-GRANVILLE RD DUBLIN OH 43017 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MAYER, ROBERT A 4288 W DUBLIN-GRANVILLE RD DUBLIN OH 43017 | ☐ Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | ☐ Change ☐ Addition |
| TITLE | EVSG MCCORKLE, LEON M JR 4288 W. DUBLIN GRANVILLE RD DUBLIN OH 43017 | ☐ Delête | NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition- |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVAS LAUDICK, LAWRENCE A 4288 W DUBLIN-GRANVILLE RD DUBLIN OH | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVD MUSICK, RONALD E. 4288 W DUBLIN-GRANVILLE RD DUBLIN OH | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVTD BROWNLEY, JOHN F 4288 W DUBLIN-GRANVILLE RD DUBLIN OH | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |

12. 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 for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Robert A. Mayer changed, or on an attachment

SIGNATURE:

614-764-3100