

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **851518** (1)

1. Corporation Name
GOLDEN ARCH, INC.

Principal Place of Business AMF O'HARE AIRPORT P.O. BOX 66351 CHICAGO IL 60666-0351	Mailing Address AMF O'HARE AIRPORT P.O. BOX 66351 CHICAGO IL 60666-0351
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/31/1981** 3a. Date of Last Report **04/01/1994**

2. Principal Place of Business		2b. Mailing Address		4. FEI Number 36-3076472		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$9.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22 City & State		27 City & State		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23 Zip	25 Country	29 Zip	36 Country				

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

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENSI, EDWARD H.	1.2 NAME	
STREET ADDRESS	ONE MCDONALDS PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	OAK BROOK IL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, JACK M.	2.2 NAME	
STREET ADDRESS	ONE MCDONALDS PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	OAK BROOK IL	2.4 CITY - ST - ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YASTROW, SHELBY	3.2 NAME	
STREET ADDRESS	ONE MCDONALDS PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	OAK BROOK IL	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULL, MATTHEW H.	4.2 NAME	
STREET ADDRESS	ONE MCDONALDS PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	OAK BROOK IL	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DELBERT H.	5.2 NAME	
STREET ADDRESS	ONE MCDONALDS PLAZA	5.3 STREET ADDRESS	
CITY - ST - ZIP	OAK BROOK IL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(b), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MATTHEW H. PAULL
VICE PRESIDENT-TAX

04/10/95
Date

(708) 575-3295
Telephone #