

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **851518** (1)
1. Corporation Name
GOLDEN ARCH, INC.



Principal Place of Business Mailing Address
**AMF O'HARE AIRPORT
P.O. BOX 66351
CHICAGO IL 60666-0351**

3. Date Incorporated or Qualified **12/31/1981** 3a. Date of Last Report **04/18/1995**
4. FEI Number **36-3076472** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

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 607.1509, 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 in block letters and in full

Date typed or printed in block letters and in full

Date

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	RENSI, EDWARD H.	
STREET ADDRESS	ONE MCDONALDS PLAZA	
CITY- ST- ZIP	OAK BROOK IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GREENBERG, JACK M.	
STREET ADDRESS	ONE MCDONALDS PLAZA	
CITY- ST- ZIP	OAK BROOK IL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	YASTROW, SHELBY	
STREET ADDRESS	ONE MCDONALDS PLAZA	
CITY- ST- ZIP	OAK BROOK IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PAULL, MATTHEW H.	
STREET ADDRESS	ONE MCDONALDS PLAZA	
CITY- ST- ZIP	OAK BROOK IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILSON, DELBERT H.	
STREET ADDRESS	ONE MCDONALDS PLAZA	
CITY- ST- ZIP	OAK BROOK IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(3)(k), 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: *Paul J. Schaffhausen* **Paul J. Schaffhausen Ass't Vice Pres. 4/11/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Basic Fee \$

708 536

CR2E034 (12/95)