

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

FILED

Apr 18 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 # 851518 (1)
 1. Corporation Name
GOLDEN ARCH, INC.



Principal Place of Business AMF O'HARE AIRPORT P.O. BOX 66351 CHICAGO IL 60668-0351	Mailing Address AMF O'HARE AIRPORT P.O. BOX 66351 CHICAGO IL 60668-0351
---	---

3. Date Incorporated or Qualified 12/31/1981	3a. Date of Last Report 04/17/1996
4. FEI Number 36-3076472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 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
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME SANTONA, GLORIA	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME LANGLEY, JERRY G.	
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 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:  **J. SCHAPFHAUSEN, ASSISTANT VICE PRESIDENT 4/8/97 (630) 623-3295**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)