

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90090 020 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 851518

1. Corporation Name
GOLDEN ARCH, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
12/31/1981

4. FEI Number
36-3076472

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 owes the current year Intangible Personal Property Tax. Yes 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

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

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 607.1508, 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLEY, MICHAEL L	1.2 NAME	
STREET ADDRESS	ONE MCDONALDS PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60523	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, JACK M.	2.2 NAME	ALAN D. FELDMAN
STREET ADDRESS	ONE MCDONALDS PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60523	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTONA, GLORIA	3.2 NAME	
STREET ADDRESS	ONE MCDONALDS PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60523	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	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 60523	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, JERRY G	5.2 NAME	
STREET ADDRESS	ONE MCDONALDS PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60523	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VICE PRESIDENT/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	CARLETON D. PEARL
STREET ADDRESS		6.3 STREET ADDRESS	ONE MCDONALD'S PLAZA
CITY-ST-ZIP		6.4 CITY-ST-ZIP	OAK BROOK, IL. 60523

14. 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 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, with all other like empowered.

SIGNATURE: Paul J. Schaffhausen
 Asst. Vice President

04-13-99

(630)623-3295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (1/98)