## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT #851518** 1. Entity Name GOLDEN ARCH, INC. 4-30-2001 90083 038 \*\*\*150.00 Principal Place of Business Mailing Address AMF O'HARE AIRPORT AME O'HARE AIRPORT P.O. BOX 66351 P.O. BOX 66351 CHICAGO 1L 60666-0351 CHICAGO IL 60666-0351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3076472 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST STE 105 TALLAHASSEE FL 32301 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATS FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Wake Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Detete TITLE ☐ Change ☐ Addition CONLEY, MICHAEL L NAME NAME STREET ADDRESS ONE MCDONALDS PLAZA STREET ADDRESS CITY-ST-7F OAK BROOK IL 60523 CITY-ST-71P TITLE ☐ Delete TITLE Change ☐ Addition FELDMAN, ALAN D NAME NAME STREET ADDRESS ONE MCDONALDS PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-76 OAK BROOK IL 60523 TITLE ☐ Delete TITLE Change ☐ Addition SANTONA, GLORIA NAME NAME STREET ADDRESS ONE MCDONALDS PLAZA STREET ADDRESS CITY-ST-ZIP OAK BROOK IL 60523 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition PAULL, MATTHEW H. NAME NAME STREET ADDRESS ONE MCDONALDS PLAZA STREET ADDRESS CITY-ST-ZIP OAK BROOK IL 60523 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition KINDLER, JEFFREY B NAME NAME STREET ADDRESS ONE MCDONALDS PLAZA STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OAK BROOK IL 60523 **VPT** TITLE ☐ Delete TITLE Change | Addition NAME RICHARD, MICHAEL D NAME STREET ADDRESS ONE MCDONALDS PLAZA STREET ADDRESS

I hereby certify that the information supplied with this filling 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 regeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Biock 11 or Block 12 if changed, or on an attackingent with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OAK BROOK IL 60523

CITY-ST-7IP

/ASST\_SECRETARY

4/24/01

630 623-3295

Daytime Phone &