## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # F0100001668  1. Entity Name RTM ALABAMA, INC.						04-30-20	04 90296 (			
Principal Plac	e of Business	Mailing Address	Mailing Address							
			5995 BARFIELD ROAD							
ATLANTA, GA	1 30320	ATLANTA, GA 30328								
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202004	Chg-P	CR2E034	(10/03)		
City & State		City & State			4. FEI Number 58-15694	19		<b>——</b>	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add		
	6. Name and Address of Current	Registered Agent			7. Name and Ad	Idress of New F		•		
C T CORPORATION SYSTEM				Name						
1200 SOU	TH PINE ISLAND ROAD ION, FL 33324		Street Address			(P.O. Box Number is Not Acceptable)				
ı				City	·		FL	Zip Code	•	
	named entity submits this statement fo	or the purpose of changing its	registere	ed office or regist	ered agent, or both, i	in the State of Flo	orida. I am far	niliar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (AVX)	FC. Canistara	d Agent signature requir	and when reinpleting)		DATE			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa 00 Trust Fund Con		neing \$	5.00 May Be					
10.	OFFICERS AND	DIRECTORS Delete	11. TITLE		ADDITIONS/CH	IANGES TO OFF	ICERS AND D	,	IN 11	
NAME	GARRETT, THOMAS A	Delété	NAM	E GA	RRETY, Th	tomas-1	L. "	Change	2/Juliion	
STREET ADDRESS CITY-ST-ZIP	5995 BARFIELD RD ATLANTA, GA 30328	•		ET ADDRESS 5°C	RRETY, THE 195 BARF ATLANTA	16hD 1	スクラクナ		Ì	
TITLE	VSD VSD	☐ Delete	TITLE	5, 2	MILHINIA	077 3	[	] Change	☐ Addition	
NAME	BARTON, SHARRON L		NAMI	E					_	
STREET ADDRESS City-St-ZIP	5995 BARFIELD RD ATLANTA, GA			ET ADDRESS - ST- ZIP					ı	
TITLE	VD	☐ Delete	TITLE					Change	Addition	
NAME	WELCH, J. RUSSELL		NAM	l l						
STREET ADDRESS CITY+ST-ZIP	5995 BARFIELD RD ATLANTA, GA			ET ADDRESS -ST-ZIP						
TITLE	VT	☐ Delete	TITLE	: -				Change	☐ Addition	
NAME STREET ADDRESS	HARTY, LINDA S <sup>S</sup>		NAMI STRE	E Et address						
CITY-ST-ZIP	ATLANTA, GA 30328			-ST-ZIP						
TITLE	CD	☐ Delete	TITLE					Change	☐ Addition	
NAME Street Address	COOPER, DENNIS E 5995 BARFIELD RD		· NAM STRE	E Et address						
CITY-ST-ZIP	ATLANTA, GA			-ST- <b>Z</b> IP						
TITLE	VD ,	☐ Delete	TITLE	<u> </u>	CEO/D nphenour, J 995 BAR; AYLANTI	- ^		Change	☐ Addition	
NAME expect apposes	UMPHENOUR JR, RUSSELL V		NAM	E Un Et address 5	ophenour, J	R KV550	$V_{ij}V_{ij}$			
STREET ADDRESS CITY-ST-ZIP	5995 BARFIELD RD ATLANTA, GA 30328			-ST-ZIP	AYLANTI	4 GA	3032 R	-		
12. I hereby	certify that the information supplied with	n this filing does not qualify fo	r the exe	mption stated in S	Section 119.07(3)(i), f	Florida Statutes.	I further certify	that the ir	formation	

indicated on this report of 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an address, with an address, with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR