2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000005377

1. Entity Name
MCDONALD'S FAMILY CHARITY, INC.

Principal Place of Business	Mailing Address
ONE MCDONALD'S PLAZA	ONE MCDONALD'S PLAZA
OAK BROOK, IL 60523	OAK BROOK, IL 60523

DO NOT WRITE IN THIS SPACE

02252008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
36-4381203	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2008
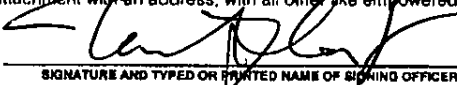
9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000061116
04/02/08-80090-009 61.25

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	COYNE, MARTIN J
STREET ADDRESS	ONE MCDONALD'S PLAZA
CITY-ST-ZIP	OAK BROOK, IL 60523
TITLE	T
NAME	RICHARD, MICHAEL D
STREET ADDRESS	ONE MCDONALD'S PLAZA
CITY-ST-ZIP	OAK BROOK, IL 60523
TITLE	VSD
NAME	HORWITZ, DONALD
STREET ADDRESS	8000 SEARS TOWER
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	D
NAME	NORGAN, KENNETH
STREET ADDRESS	401 HUEHL ROAD, SUITE 2-E
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	D
NAME	PERLMAN, THEODORE
STREET ADDRESS	3010 HIGHLAND PARKWAY, SUITE 400
CITY-ST-ZIP	DOWNERS GROVE, IL 60515
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   2/27/0 C   630 623-5711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #