

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003401

1. Entity Name

ARBY'S, INC.

Principal Place of Business

1000 CORPORATE DRIVE
FORT LAUDERDALE FL 33334

Mailing Address

1000 CORPORATE DRIVE
FORT LAUDERDALE FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-3760393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DPCE ☒ Delete
NAME SMITH, ROLAND ---
STREET ADDRESS 1000 CORPORATE DRIVE ---
CITY-ST-ZIP FORT LAUDERDALE FL ---

TITLE VCFO ☐ Delete
NAME THOMAS, KENNETH
STREET ADDRESS 1000 CORPORATE DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE S ☐ Delete
NAME ROSEN, STUART I
STREET ADDRESS 280 PARK AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE VT ☒ Delete
NAME SHULTZ, THOMAS ---
STREET ADDRESS 280 PARK AVENUE ---
CITY-ST-ZIP NEW YORK NY ---

TITLE V ☒ Delete
NAME CROWE, ROBERT
STREET ADDRESS 280 PARK AVENUE
CITY-ST-ZIP NEW YORK NY ---

TITLE V ☒ Delete
NAME MCCARRON, FRANCIS
STREET ADDRESS 280 PARK AVENUE
CITY-ST-ZIP NEW YORK NY ---

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D CHAIRMAN ☐ Change ☐ Addition
NAME MAY, JONATHAN P.
STREET ADDRESS 280 PARK AVE.
CITY-ST-ZIP NEW YORK, NY 10017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP FINANCE ☐ Change ☐ Addition
NAME GREENE, KURT
STREET ADDRESS 1000 CORPORATE DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE SVP, ASST SECRETARY ☐ Change ☐ Addition
NAME GIMSON, CURTIS S.
STREET ADDRESS 1000 CORPORATE DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE ASST SECRETARY ☐ Change ☐ Addition
NAME DEVRIES, COLLEEN A.
STREET ADDRESS 280 PARK AVE.
CITY-ST-ZIP NEW YORK, NY 10017

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Colleen A. DeVries, Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

212-451-3122

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90046 033 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)