

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90038 039 ***150.00

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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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	MAY, JONATHAN	
STREET ADDRESS	280 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	THOMAS, KENNETH	
STREET ADDRESS	1000 CORPORATE DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSEN, STUART I	
STREET ADDRESS	280 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPF	<input type="checkbox"/> Delete
NAME	GREENE, KURT	
STREET ADDRESS	1000 CORPORATE DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	GIMSON, CURTIS S	
STREET ADDRESS	1000 CORPORATE DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	AS-	<input checked="" type="checkbox"/> Delete
NAME	DEVRIES, COLLEEN A	
STREET ADDRESS	280 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Singletary, Jane A.	
STREET ADDRESS	280 Park Ave.	
CITY-ST-ZIP	New York, NY 10017	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

Jane A. Singletary
Jane A. Singletary, Assistant Secretary

4/16/03

212-451-3012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)