FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 27 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005395 (8)**

1. Corporation Name

RC/ARBY'S CORPORATION

Principal Place of Business	Mailing Address
1000 CORPORATE DRIVE FORT LAUDERDALE FL 33334	1000 CORPORATE DRIVE FORT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/17/1994** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **59-2277791** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** | 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	11 TITLE	☐ Change ☐ Addition
NAME	PELTZ, NELSON	12 NAME	
STREET ADDRESS	900 THIRD AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	14 CITY-ST-ZIP	
TITLE	PCOO	21 TITLE	☐ Change ☐ Addition
NAME	MAY, PETER W	22 NAME	
STREET ADDRESS	900 THIRD AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	24 CITY-ST-ZIP	
TITLE	VCD	31 TITLE	☐ Change ☐ Addition
NAME	KALVARIA, LEON	32 NAME	
STREET ADDRESS	900 THIRD AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	34 CITY-ST-ZIP	
TITLE	~~D~~	41 TITLE	V ☒ Change ☒ Addition
NAME	~~MCCARTHY, FREDERICK~~	42 NAME	CROWE, ROBERT J.
STREET ADDRESS	~~60 STATE STREET, 21ST STREET~~	43 STREET ADDRESS	900 THIRD AVENUE, 31ST FLOOR
CITY-ST-ZIP	~~BOSTON MA 02109~~	44 CITY-ST-ZIP	NEW YORK, NEW YORK 10022
TITLE	VCFO	51 TITLE	☐ Change ☐ Addition
NAME	LEVATO, JOSEPH A	52 NAME	
STREET ADDRESS	900 THIRD AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	COHLAN, JOHN L	62 NAME	
STREET ADDRESS	900 THIRD AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert J. Crowe Robert J. Crowe, Assistant Vice President-Taxes 4/19/95 212-230-3115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0236660 CP