

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 24 1996 8:00am
Secretary of State

DOCUMENT # F95000002035 (2)

1. Corporation Name

ARBY'S RESTAURANT OPERATIONS COMPANY

Principal Place of Business

1000 CORPORATE DRIVE
FORT LAUDEDALE FL 33334

Mailing Address

1000 CORPORATE DRIVE
FORT LAUDEDALE FL 33334



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/26/1995

3a. Date of Last Report

4. FEI Number

65-0558054

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME COHLAN, JOHN L
STREET ADDRESS 900 THIRD AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

VD
NAME LEVATO, JOSEPH A
STREET ADDRESS 900 THIRD AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

VS
NAME ROSEN, STUART I
STREET ADDRESS 900 THIRD AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

VT
NAME SHULTZ, THOMAS E
STREET ADDRESS 900 THIRD AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE ☒ DELETE

V
NAME LANGTEAU, JOSEPH E
STREET ADDRESS 1000 CORPORATE DRIVE
CITY-ST-ZIP FT LAUDEDALE FL

TITLE ☐ DELETE

VAS
NAME SVERTSEN, JOHN B
STREET ADDRESS 1000 CORPORATE DRIVE
CITY-ST-ZIP FT LAUDEDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP New York, NY 10022

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP New York, NY 10022

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP New York, NY 10022

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP New York, NY 10022

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP New York, NY 10022

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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, Assistant Vice President-Taxes

4/19/96

212-230-3115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)