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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90187 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000002035			
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	
9. Name and Address of Current Registered Agent C T 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 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 P <input type="checkbox"/> DELETE NAME SMITH, ROLAND STREET ADDRESS 1000 CORPORATE DRIVE CITY-ST-ZIP FORT LAUDEDALE FL 33334 TITLE VCFO <input type="checkbox"/> DELETE NAME THOMAS, KENNETH A STREET ADDRESS 1000 CORPORATE DRIVE CITY-ST-ZIP FORT LAUDEDALE FL 33334 TITLE VS <input type="checkbox"/> DELETE NAME ROSEN, STUART I STREET ADDRESS 280 PARK AVENUE 41ST FLOOR CITY-ST-ZIP NEW YORK NY 10017 TITLE VT <input checked="" type="checkbox"/> DELETE NAME SHULTZ, THOMAS E STREET ADDRESS 280 PARK AVENUE 41ST FLOOR CITY-ST-ZIP NEW YORK NY 10017 TITLE V <input type="checkbox"/> DELETE NAME CROWE, ROBERT J. STREET ADDRESS 280 PARK AVENUE 24ST FLOOR CITY-ST-ZIP NEW YORK NY 10017 TITLE V <input type="checkbox"/> DELETE NAME MCCARRON, FRANCIS T. STREET ADDRESS 280 PARK AVENUE 41ST FLOOR CITY-ST-ZIP NEW YORK NY 10017			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME T 4.3 STREET ADDRESS Essner, Greg 4.4 CITY-ST-ZIP 280 Park Ave. New York, NY 10017 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

SIGNATURE:

Robert J. Crowe, Asst. VP-Taxes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
Date

212-451-3115
Daytime Phone #

CR2E034 (11/98)

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