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

	PROFIT
٠	CORPORATION
	ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS 1996

F95000002150 (9) **DOCUMENT** # Corporation Name

ARBY'S RESTAURANT HOLDING COMPANY

Mailing Address Principal Place of Business 1000 CORPORATE DR. 1000 CORPORATE DR.

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1000 CORPORATE DR. FT. LAUDERDALE FL 33334		1000 CORPORATE FT. LAUDERDALE I	1000 CORPORATE DR. FT. LAUDERDALE FL 33334			Date Incorporated or Qualified 05/02/1995	3a. Date of Last Report			
_	Principal Place of Busine	ess	2a. Mailing Address				4. FEI Number 65-057604	,9	Applied For Not Applicable \$8.75 Additional	
21]	Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee Required	
22			City & State	⊢ n '			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23	Zio	Country	Z (p)	F	untry			s LINO		
24		25	29	30	7		10. Name and Address of New	Registere	d Agent	
	CT CORPORATION	N SYSTEM	rent Registered Agent		81 82	Name Street Addr	ess (P.O. Box Number is Not Accept	able)		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			83	City			85 Zip Code			
 -	Pursuant to the provider registered agent, contact to the provider or registered agent.	sions of Sections 607.0 or both, in the State of	1502 and 607.1508, Florida Torida Such change was a Section 607.0505, Florida S	Statutes, the a uthorized by th tatutes.	1.		ration submits this statement for the part of directors. I hereby accept the a	ourpose of oppointment	changing its registered office t as registered agent. I am	

	and accept the obligations of Section C				DATE	
SIGNATURE	gnative, typed or printe tinan mol requiremed age if an fit ti		Registeren Agent signature resp	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 12
12.	OFFICERS AND DI	RECTORS	1 1 1 1 1 LE		☐ Change	Add-Bott
TITLE	DP	☐ DELFTE	1			\
NAME	COHLAN, JOHN L		1 2 NAME			- Addition
STREET ADDRESS	900 THIRD AVE.		13 STREET ADDRESS			
CITY-SY-ZIP	NEW YORK NY 10022		1 4 CITY - ST - ZiF	D	Change	☐ Addition
TIFLE	DV	☐ DELETE	2 1 TITLE	Levato, Joseph A.		
NAMÉ	LEVATO, JOSEPH A		2.2 NAME	900 Third Avenue		
	900 THIRD AVE.		23 STREET ADDRESS	New York, NY 10022		
STREET ADDRESS	NEW YORK NY 10022		2 4 CITY - ST - ZIF		Change	Addition
CITY - ST - ZIF	n	DELETE	3 1 111.€			
	SCHORR, BRIAN L		3.2 NAME			
NAME	900 THIRD AVE.		33 STREFT ADDRESS			
STREET ADDRESS	NEW YORK NY 10022		3.4 City - ST - 7 F	7775	Change	Addition
CITY-ST-ZIP	n	DELETE	4 1 TITLE	VP Emphasic T	_	
TITLE	MCCARRON, FRANCIS T		4.2 NAME	McCarron, Francis T.		
NAME	900 THIRD AVE.		4.3 STREET ADERESS	900 Third Avenue.		
STREET ADDRESS	NEW YORK NY 10022		4.4 CITY - S1 - Zi ²	New York, NY 10022	Change	Addition
CITY-ST-ZIP	VS	☐ DELETE	5 1 TIFLE			
TITLE	ROSEN, STUART I		5.2 NAMÉ	i		
NAME	900 THIRD AVE.		5.3 STREET ADORESS			
STREET ADDRESS	NEW YORK NY 10022		5 4 CITY - ST - ZIF		Change	Add tion
CITY - ST - Z-P		T] DELETE	6 1 TiTLE		□ Change	
TITLE	VI		6.2 NAME			
NAME	SHULTZ, THOMAS E		63 STREET ACORESS			
STREET ADDRESS	900 THIRD AVE.				ana Florida Stat	utes I further
CITY - ST - ZIO	NEW YORK NY 10022	m, this force is voluntarily furn	ished and does not qu	alify for the exemption stated in Section 119.0 action 119.0 accurate and that my signature shall have the spectrate and that my signature chapter 607. Flor	ررع)زلا), Florida Stati ame legal effect as	if made under

14. I do hereby certify that the information supplied vain this fining 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 supplied vain this fining 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 certify 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 3 if changed, or on an attachment with an address.

SIGNATURE: Robert J. Crowe, Assistant Vice President-Taxes 4/17/96 212-230-3115