FILED

May 07, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500002150

1. Corporation Name

ARBY'S RESTAURANT HOLDING COMPANY

Principal Place	e of Business	Mailing Address	Mailing Address				e immiliam stilm i meine meine marri marri		1 M 1 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1000 CORPORATE DR. FT. LAUDERDALE FL 33334		1000 CORPORATE DR. FT. LAUDERDALE FL 33334		,						
					DO NOT WRITE IN THIS SPACE					
	à						Date Incorporated or Qualifed 05/02/1995			
2. Principal Pl	lace of Business	2a. Mailing Address				4.	FEI Number		T	Applied For
21		26				Į	65-0576049	-0576049 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.							\$8.75	Additional
22		27				5.	Certifcate of Status Desired		Fee	Required
City & State		City & State				6.	Election Campaign Financing		\$5.0	0 May Be
		28			Trust Fund Contribution Adde				d to Fees	
Zip	Country	Zip Cour				8. This corporation owes the		nt year Inta	angible	
24	25	29 30				Personal Property Tax.			X Yes	□No
9. Name and Address of Current Registered Agent						10.	Name and Address of New Re	gistered	Agent	
					Name					
CT CORPORATION SYSTEM			82	1	Street Address	- (D	O. Box Number is Not Acceptab	la)		
1200 SOUTH PINE ISLAND ROAD			02	Ί.	Street Addres	os (r.	O, Box Nulliber is Not Acceptat	ne,		
PLANTATION FL 33324			83							
				Ļ	<u> </u>				14-11-7-	
•			84	'} '	City			FL	85 Zi	o 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										
				THE SI	ignatore required w		ADDITIONS/CHANGES TO OFF		D DIRECT	TORS IN 12
TITLE	P OF TOEKS AND	DELETE					ADDITIONS/CHANGES TO OFF	ICENO AN	Chang	
NAME	SMITH, ROLAND C		1.2 NAME							
STREET ADDRESS 1000 CORPORATE DR		1		3 STREET ADDRESS						{
ET LAUDEDDALE EL AGGAL				1.4 CITY-ST-ZIP						
CITY-ST-ZIP	VCFO	☐ DELETE	2.1 TITLE) I - Z	<u> </u>				Chang	e [] Addition
	-			2.2 NAME						
NAME			1	2.3 STREET ADDRESS						
STREET ADDRESS	ET LAUDEDDALE EL 2000 t			2.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE				3.1 TITLE					Chang	e Addition
NAME	<u> </u>			3.2 NAME						
	THE PARK ALTERNATION OF THE PROPERTY OF THE PARK AND THE			3.3 STREET ADDRESS						1
STREET ADDRESS	MEN YORK NY 40047									
CITY- ST-ZIP				3.4, CITY-ST-ZIP					Chang	e Addition
TITLE	•								E Gliding	
NAME MCCARRON, FRANCIS T		В	4. 2 NAME		annean					Į
STREET ADDRESS 280 PARK AVENUE, 41ST FLOOR NEW YORK NY 10017		П	4.3 STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	iT-Z					☐ Chang	e Addition
TITLE			5.1 TITLE 5.2 NAME							
NAME .	HOSEN, STOATT			5.3 STREET ADDRESS						
STREET ADDRESS ZOO FAIR AVEITOL, 4101 1 EGOT			5.4 CITY-ST-ZIP)	
CITY-ST-ZIP	NEW YORK NY 10017		5.4 CITY-S	iI-Z	P					i

14. 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 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 changes, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

SHULTZ, THOMAS E

NEW YORK NY 10017

280 PARK AVENUE, 41ST FLOOR

TILE NAME

STREET ADDRESS

CITY-ST-ZIP

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

4/27/99

Essner, Greg 280 Park Ave.

New York, NY 10017

212-451-3115

Change

☐ Addition