FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90182 022 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

-_PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F95000003855

1. Corporation Name

TRIARC CORPORATE HEADQUARTERS, INC.

Principal Place	e of Business	Mailing Address					
280 PARK AVE		280 PARK AVE					
24TH FLOOR		24TH FLOOR		DO NOT WRITE IN THE	SISPACE		
NEW YORK NY 10017 NEW YORK NY 10017 US US					3. Date Incorporated or Qualifed		
03		•			08/08/1995		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21	ace of Business	26. Maining Address		38-0471180	<u> </u>	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A	Additional	
22		27		5. Certifcate of Status Desired	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added to		
Zip	Country	Zip	Country		8. This corporation owes the current year in		_
24	25	2930)		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	i Agent	
0.7	CORPORATION SYSTEM		81	Name			,
_		82	Street A	Address (P.O. Box Number is Not Acceptable)			
1200		<u> </u>					
PLAN	NTATION FL 33324		83				
			84	City		85 Zip C	Code
				`	<u></u>	-	
office or r	agistared agent or both in the State	of Florida. Such channe was auth	ionzed by	the corpo	corporation submits this statement for the purpose coration's board of directors. I hereby accept the apport	it changing its cintment as reg	registerea gistered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Florida	a Statutes		*	`	•
SIGNATURE							
	Signature, typed or printed name of registered ager		gistered Ager	nt signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	CD OFFICERS AN	D DIRECTORS	1.1 TITLE		ADDITIONS/CHANGES TO CITICENS A	Change	☐ Addition
	PELTZ. NELSON	- DECEMB	1.2 NAME				_
NAME	280 PARK AVE 41ST FLOOR			FADDRESS			
STREET ADDRESS	NEW YORK NY		1.4 CITY- S	ì			
CITY-ST-ZIP		DELETE 2.1		1-21		Change	Addition
	MAY, PETER W						
NAME			2.3 STREET	r ADDDESS			
STREET ADDRESS	The state of the s						!
CITY-ST-ZIP			2. 4 CITY-5 3.1 TITLE	71-415		Change	Addition
NAME	_		3.2 NAME	ļ			
STREET ADDRESS	280 PARK AVE 41ST FLOOR		3.3 STREET	ADDRESS			
1	NEW YORK NY		3.4. CITY- 9	1			
CITY-ST-ZIP	V	☐ DELETE 4.1T				Change	☐ Addition
NAME	SCHORR, BRIAN L	4.21					
STREET ADDRESS	280 PARK AVE 41ST FLOOR		4.3 STREE	TADDRESS			
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-S				
TITLE	V	☐ DELETE	5.1 TITLE			Change	Addition
NAME	CROWE, ROBERT J		5.2 NAME				
STREET ADDRESS	280 PARK AVE 24TH FLOOR		5.3 STREE	(ADDRESS			
CITY-ST-ZIP	NEW YORK NY		5.4 CITY+S	T-ZIP			
TITLE	VT	☐ DELETE	6.1 TITLE	,	T	Change	Addition
NAME	SHULTZ, THOMAS E		6.2 NAME	}	Essner, Greg		

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 an an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

280 PARK AVE, 41ST FLOOR

NEW YORK NY

STREET ADDRESS

CITY-ST-ZIP

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

Crow

4/26/99

280 Park Ave.

New York, NY 10017

212-451-3115