

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90028 041 ***150.00

DOCUMENT # F96000004964

1. Entity Name
TRIARC HOLDINGS 1, INC.

Principal Place of Business

**280 PARK AVE
 24TH FLOOR
 NEW YORK NY 10017
 US**

Mailing Address

**280 PARK AVE
 24TH FLOOR
 NEW YORK NY 10017
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3748465

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See Criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DV. KOGAN, ERIC D.**
 STREET ADDRESS **280 PARK AVE, 41ST FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10017**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPS SCHORR, BRIAN L**
 STREET ADDRESS **280 PARK AVE, #41ST FLOOR**
 CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME ~~PCFO~~
 STREET ADDRESS ~~BARNES, JOHN L JR~~
 CITY-ST-ZIP ~~280 PARK AVE, #41ST FLOOR~~
~~NEW YORK NY~~

TITLE ☐ Change ☐ Addition
 NAME **VP T**
 STREET ADDRESS **ESSNER, GREG**
 CITY-ST-ZIP **280 PARK AVE. 41ST FLOOR**
NEW YORK NY 10017

TITLE ☐ Delete
 NAME **V CROWE, ROBERT J**
 STREET ADDRESS **280 PARK AVE, #24ST FLOOR**
 CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V MCCARRON, FRANCIS T**
 STREET ADDRESS **280 PARK AVE, #41ST FLOOR**
 CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☒ Addition
 NAME **V CFO**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VS ROSEN, STUART I**
 STREET ADDRESS **280 PARK AVE**
 CITY-ST-ZIP **NEW YORK NY 10017**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Robert J. Crowe, VP Taxes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02

212-451-3115

Date

Daytime Phone #

CR2E034 (9/01)