

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91026 033 ***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

Zip

Country

Zip

Country

4. FEI Number

13-3748465

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPCF ☒ Delete
NAME POSTNER, JARRETT
STREET ADDRESS 280 PARK AVE, 41ST FLOOR
CITY-ST-ZIP NEW YORK NY 10017

TITLE AS ☐ Change ☒ Addition
NAME SINGLETARY, JANE A.
STREET ADDRESS 280 PARK AVE., 41ST FLOOR
CITY-ST-ZIP NEW YORK, NY 10017

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

TITLE P GC D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☐ Delete
NAME ESSNER, GREG
STREET ADDRESS 280 PARK AVENUE- 41 FLOOT
CITY-ST-ZIP NEW YORK NY 10017

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert J. Crowe

VP-Taxes

4-20-04

212-451-3115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #