2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000002234

1. Entity Name

SIGNATURE: X

RTM DEVELOPMENT COMPANY



FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90296 033 ***150.00

256-490A

Daytirne Phone #

Date

Principal Place of Business N			Mailing Address							-			
5995 BARFIELD ROAD ATLANTA, GA 30328			5995 BARFIELD ROAD ATLANTA, GA 30328										
2. Principal P	lace of Busin	ness	3. Mailing Address	3. Mailing Address									
							1 14 81 18 8 11 11		III BB11 1 BB 11 6 IIB1)	#### (IBB		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03242004	Chg-P	CR2E03	4 (10/03)			
City & State			City & State				4. FEI Number 65-074				plied For t Applicable		
Zip		Country	Zip Country				5. Certificate	of Status Desired		8.75 Add ee Required			
	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent						
C T CORPORATION SYSTEM					Name								
	TH PINE I	SLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)						
									FL	Zip Code	9		
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 9. Election Campaign Financing Trust Fund Contribution.							00 May Be ed to Fees						
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11		
TITLE	PD	0.10.000000.11.11.00	☐ Delete	E	D		- . ,		Change	☐ Addition			
NAME STREET ADDRESS	1	OUR, RUSSELL V JR RFIELD RD		ET ADDRESS	umphenour Russell VJR. 5 5995 Barkfield Rd.								
CITY-ST-ZIP		, GA 30328		-ST-ZIP	ALI	anta	CSA 303	2 8.					
TITLE	CD		☐ Delete TITLE		E	,,,,,		<u> </u>	~	☐ Change	Addition		
NAME	COOPER	, DENNIS E		IE									
STREET ADDRESS		RFILED RD		EET ADDRESS						į			
CITY-ST-ZIP		, GA 30328		CITY	-ST-ZIP								
TITLE	VD	L DUCCELL	☐ Delete	TITLI						☐ Change	Addition		
NAME STREET ADDRESS		J. RUSSELL RFIELD RD		MAM	ET ADDRESS								
CITY-ST-ZIP		, GA 30328			-ST-ZIP								
TITLE	VTD		Delete	TITLI	E	VT				☐ Change	Addition		
NAME	BENHAM	, DOUGLAS N		IE			nda s.	,		-			
STREET ADDRESS	5995 BARFIELD RD				EET ADDRESS	59	950 Ban	zfield R	એ.				
CITY-ST-ZIP		A, GA 30328			-ST-ZIP	<i>¥</i> El	anta,	GA 303	<i>5</i> &				
TITLE NAME	VSD	. SHARRON L	☐ Delete	TITLE						☐ Change	☐ Addition /		
STREET ADDRESS		RFIELD ROAD		NAME Street al									
CITY-ST-ZIP	1				'-ST-ZIP								
TITLE	D	· · · · · · · · · · · · · · · · · · ·	☐ Delete	ΤΙΤL	E	PO				Change	☐ Addition		
NAME	GARRET	T, THOMAS A		IE	(san	REH. T	homas A	ŧ.	-				
STREET ADDRESS		RFIELD RD		STREET			૧૬, ષ્ટિંવા	34 3033 54,619 159	., 🔨 .				
CITY-ST-ZIP		A, GA 30328											
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 of suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under orath; that I am an officer or director of the corporation or the face for 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 attaching the with an address wing at other like empowered.													

Sharren L. Barton

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR