


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

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90123 033 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002262

1. Corporation Name
RTM OPERATING COMPANY

Principal Place of Business 1000 CORPORATE DR. FT. LAUDERDALE FL 33334	Mailing Address 1000 CORPORATE DR. FT. LAUDERDALE FL 33334
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/28/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0740785	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UMPHENOUR, RUSSELL V JR	1.2 NAME	
STREET ADDRESS	5995 BARFIELD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, DENNIS E	2.2 NAME	
STREET ADDRESS	5995 BARFIELD RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA A 30328	2.4 CITY-ST-ZIP	
TITLE	VDS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, J R	3.2 NAME	
STREET ADDRESS	5995 BARFIELD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328	3.4 CITY-ST-ZIP	
TITLE	SVD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENHAM, DOUGLAS N	4.2 NAME	
STREET ADDRESS	5995 BARFIELD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328	4.4 CITY-ST-ZIP	
TITLE	CFOV <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, KENNETH A	5.2 NAME	
STREET ADDRESS	1000 CORPORATE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	5.4 CITY-ST-ZIP	
TITLE	VAS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMSON, CURTIS S	6.2 NAME	
STREET ADDRESS	1000 CORPORATE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	6.4 CITY-ST-ZIP	

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

SIGNATURE: Russell Welch, Sr. VP 2/11/1999 (404) 256-4900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (1/198)