

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90049 026 \*\*\*158.75

**DOCUMENT # F97000002262**

1. Entity Name

**RTM OPERATING COMPANY**

Principal Place of Business

Mailing Address

1000 CORPORATE DR.  
 FT. LAUDERDALE FL 33334

1000 CORPORATE DR.  
 FT. LAUDERDALE FL 33334-3655

2. Principal Place of Business

5995 BARFIELD ROAD

3. Mailing Address

5995 BARFIELD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ATLANTA, GA 30328

City & State

ATLANTA, GA 30328

4. FEI Number

65-0740785

Applied For

Not Applicable

Zip

30328

Country

USA

Zip

30328

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

00040340



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | DP                      | <input type="checkbox"/> Delete |
| NAME           | UMPHENOUR, RUSSELL V JR |                                 |
| STREET ADDRESS | 5995 BARFIELD RD        |                                 |
| CITY-ST-ZIP    | ATLANTA GA 30328        |                                 |
| TITLE          | VSD                     | <input type="checkbox"/> Delete |
| NAME           | COOPER, DENNIS E        |                                 |
| STREET ADDRESS | 5995 BARFIELD RD        |                                 |
| CITY-ST-ZIP    | ATLANTA A 30328         |                                 |
| TITLE          | VDS                     | <input type="checkbox"/> Delete |
| NAME           | WELCH, J R              |                                 |
| STREET ADDRESS | 5995 BARFIELD RD        |                                 |
| CITY-ST-ZIP    | ATLANTA GA 30328        |                                 |
| TITLE          | SVD                     | <input type="checkbox"/> Delete |
| NAME           | BENHAM, DOUGLAS N       |                                 |
| STREET ADDRESS | 5995 BARFIELD RD        |                                 |
| CITY-ST-ZIP    | ATLANTA GA 30328        |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*RUSSELL WELCH*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUSSELL WELCH, SVP/SECY 4/24/2000 (404)256-4900

Date

Daytime Phone #

CR2E034 (9/99)