

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90296 032 \*\*\*150.00

DOCUMENT # F97000002262

1. Entity Name  
RTM OPERATING COMPANY



Principal Place of Business  
5995 BARFIELD RD.  
ATLANTA, GA 30328

Mailing Address  
5995 BARFIELD RD.  
ATLANTA, GA 30328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0740785

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**

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 DP ☐ Delete  
NAME UMPHENOUR, RUSSELL V JR  
STREET ADDRESS 5995 BARFIELD RD  
CITY-ST-ZIP ATLANTA, GA 30328

TITLE D ☒ Change ☐ Addition  
NAME Umpenour, Russell V. JR.  
STREET ADDRESS 5995 Barfield Rd.  
CITY-ST-ZIP Atlanta, GA 30328

TITLE CD ☐ Delete  
NAME COOPER, DENNIS E  
STREET ADDRESS 5995 BARFIELD RD  
CITY-ST-ZIP ATLANTA, A 30328

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

TITLE VD ☐ Delete  
NAME WELCH, J. RUSSELL  
STREET ADDRESS 5995 BARFIELD RD  
CITY-ST-ZIP ATLANTA, GA 30328

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

TITLE VDT ☒ Delete  
NAME BENHAM, DOUGLAS N  
STREET ADDRESS 5995 BARFIELD RD  
CITY-ST-ZIP ATLANTA, GA 30328

TITLE VT ☐ Change ☒ Addition  
NAME Harty, Linda S.  
STREET ADDRESS 5995 Barfield Rd.  
CITY-ST-ZIP Atlanta, GA 30328

TITLE VSD ☐ Delete  
NAME BARTON, SHARRON L  
STREET ADDRESS 5995 BARFIELD ROAD  
CITY-ST-ZIP ATLANTA, GA 30328

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

TITLE D ☐ Delete  
NAME GARRETT, THOMAS A  
STREET ADDRESS 5995 BARFIELD ROAD  
CITY-ST-ZIP ATLANTA, GA 30328

TITLE PD ☒ Change ☐ Addition  
NAME Garrett, Thomas A.  
STREET ADDRESS 5995 Barfield Rd.  
CITY-ST-ZIP Atlanta, 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 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharron L. Barton

(604)  
256-4920