


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90315 027 \*\*\*150.00

**DOCUMENT # F9700002262**

1. Entity Name  
**RTM OPERATING COMPANY**



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

Mailing Address  
**5995 BARFIELD RD.  
 ATLANTA, GA 30328**

**50043024**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03182005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**65-0740785**

Applied For  
 Not Applicable

Zip Country Zip Country

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	
<b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION, FL 33324</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UMPHENOUR, RUSSELL V JR			NAME			
STREET ADDRESS	5995 BARFIELD RD			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30328			CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, DENNIS E			NAME			
STREET ADDRESS	5995 BARFIELD RD			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, A 30328			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELCH, J. RUSSELL			NAME			
STREET ADDRESS	5995 BARFIELD RD			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30328			CITY-ST-ZIP			
TITLE	VT	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTY, LINDA S			NAME			
STREET ADDRESS	5995 BARFIELD RD			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30328			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTON, SHARRON L			NAME			
STREET ADDRESS	5995 BARFIELD ROAD			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30328			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRETT, THOMAS A			NAME			
STREET ADDRESS	5995 BARFIELD ROAD			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30328			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: Sharron L. Barton 4-13-05 (404) 256-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #