

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90197 040 ***150.00

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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

1155 Perimeter Ctr W

3. Mailing Address

1155 Perimeter Ctr W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062006

Chg-P

CR2E034 (11/05)

City & State

Atlanta GA

City & State

Atlanta GA

4. FEI Number

65-0740785

Applied For

Not Applicable

Zip

30338

Country

Fulton

Zip

30338

Country

Fulton

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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. 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **UMPHENOUR, 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 **VD** ☒ Delete
NAME **WELCH, J. RUSSELL**
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 **PD** ☒ Delete
NAME **GARRETT, THOMAS A**
STREET ADDRESS **5995 BARFIELD ROAD**
CITY-ST-ZIP **ATLANTA, GA 30328**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **Francis T. McCarron**
STREET ADDRESS **280 Park Place**
CITY-ST-ZIP **New York, NY 10017**

TITLE **D** ☐ Change ☒ Addition
NAME **Brian L. Schorr**
STREET ADDRESS **280 Park Place**
CITY-ST-ZIP **New York, NY 10017**

TITLE **T** ☐ Change ☒ Addition
NAME **Todd Weyhrich**
STREET ADDRESS **280 Park Place**
CITY-ST-ZIP **New York, NY 10017**

TITLE ☒ Change ☐ Addition
NAME **1155 Perimeter Ctr W,**
STREET ADDRESS **Atlanta GA 30338**
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
NAME **Douglas N Benham**
STREET ADDRESS **1155 Perimeter Center W**
CITY-ST-ZIP **Atlanta GA 30338**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1306

**678-
319-4100**