

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90193 049 ****50.00

DOCUMENT # M00000002325

1. Entity Name

ARBY'S FINANCE, LLC

Principal Place of Business

**1000 CORPORATE DR.
FT LAUDERDALE FL 33334-3651**

Mailing Address

**1000 CORPORATE DR.
FT LAUDERDALE FL 33334-3651****947852**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3760393

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$5.00** 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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MAY, JONATHAN P**
STREET ADDRESS **280 PARK AVE.**
CITY-ST-ZIP **NEW YORK NY 10017**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PCOO** ☐ Delete
NAME **HOWE, MICHAEL C**
STREET ADDRESS **1000 CORPORATE DR.**
CITY-ST-ZIP **FT LAUDERDALE FL 33334**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SVAS** ☐ Delete
NAME **GIMSON, CURTIS S**
STREET ADDRESS **1000 CORPORATE DR.**
CITY-ST-ZIP **FT LAUDERDALE FL 33334-3651**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SVCF** ☐ Delete
NAME **THOMAS, KENNETH A**
STREET ADDRESS **1000 CORPORATE DR.**
CITY-ST-ZIP **FT LAUDERDALE FL 33334-3651**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **ROSEN, STUART I**
STREET ADDRESS **280 PARK AVE.**
CITY-ST-ZIP **NEW YORK NY 10017**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **AS** ☐ Delete
NAME **DE VRIES, COLLEEN A**
STREET ADDRESS **280 PARK AVE.**
CITY-ST-ZIP **NEW YORK NY 10017**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Colleen A. DeVries, Asst. Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-17-02

Date

212-451-3122

Daytime Phone #

CR2E083 (9/01)