

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0013155 AF

DOCUMENT # M00000002326

1. Entity Name
ARBY'S HOLDINGS, LLC

01 MAY -3 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1000 CORPORATE DR.
FT LAUDERDALE FL 33334-3651

Mailing Address
1000 CORPORATE DR.
FT LAUDERDALE FL 33334-3651



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3760393

Applied For

Not Applicable

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 re-appointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

700004323597--0
-05/25/01--01070--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Manager CEO ☐ Delete
NAME May, Jonathan P.
STREET ADDRESS 280 Park Avenue
CITY-ST-ZIP New York, NY 10017

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

TITLE P COO ☐ Delete
NAME Howe, Michael C.
STREET ADDRESS 1000 Corporate Drive
CITY-ST-ZIP Ft. Lauderdale, FL 33334

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

TITLE SVP Asst. Sec. Manager ☐ Delete
NAME Gimson, Curtis S.
STREET ADDRESS 1000 Corporate Drive
CITY-ST-ZIP Ft. Lauderdale, FL 33334

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

TITLE SVP CFO Manager ☐ Delete
NAME Thomas, Kenneth A.
STREET ADDRESS 1000 Corporate Drive
CITY-ST-ZIP Ft. Lauderdale, FL 33334

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

TITLE Secretary ☐ Delete
NAME Rosen, Stuart I.
STREET ADDRESS 280 Park Avenue
CITY-ST-ZIP New York, NY 10017

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

TITLE Asst. Secretary ☐ Delete
NAME De Vries, Colleen A.
STREET ADDRESS 280 Park Avenue
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*
Colleen A. DeVries, Asst. Secretary

4/23/01

212-451-3122

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

Date

Daytime Phone #

CR2E083 (11/00)