

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90042 028 \*\*\*138.75



**DOCUMENT # M08000000001**

1. Entity Name  
RTM OPERATING COMPANY, LLC

Principal Place of Business  
1155 PERIMETER CENTER WEST, STE 1200  
ATLANTA, GA 30338

Mailing Address  
1155 PERIMETER CENTER WEST, STE 1200  
ATLANTA, GA 30338



04282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 26-1552790	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARTON, SHARRON L 1155 PERIMETER CENTER WEST, STE 1200 ATLANTA, GA 30338
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARE, STEPHEN E 1155 PERIMETER CENTER WEST, STE 1200 ATLANTA, GA 30338
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OKESON, NILS H 1155 PERIMETER CENTER WEST, STE 1200 ATLANTA, GA 30338
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, ROLAND C 1155 PERIMETER CENTER WEST, STE 1200 ATLANTA, GA 30338
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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:**

*Tracey Fraser*

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

Date

Daytime Phone #

678 514 4338