

**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 _____ (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 678 514 4338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #