

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 29, 2009  
Secretary of State**

DOCUMENT# M08000000001

Entity Name: RTM OPERATING COMPANY, LLC

**Current Principal Place of Business:**

1155 PERIMETER CENTER WEST, STE 1200  
ATLANTA, GA 30338

**New Principal Place of Business:**

**Current Mailing Address:**

1155 PERIMETER CENTER WEST, STE 1200  
ATLANTA, GA 30338

**New Mailing Address:**

FEI Number: 26-1552790      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR       Delete  
Name: BARTON, SHARRON L  
Address: 1155 PERIMETER CENTER WEST, STE 1200  
City-St-Zip: ATLANTA, GA 30338

Title: MGR       Delete  
Name: HARE, STEPHEN E  
Address: 1155 PERIMETER CENTER WEST, STE 1200  
City-St-Zip: ATLANTA, GA 30338

Title: MGR       Delete  
Name: OKESON, NILS H  
Address: 1155 PERIMETER CENTER WEST, STE 1200  
City-St-Zip: ATLANTA, GA 30338

Title: MGR       Delete  
Name: SMITH, ROLAND C  
Address: 1155 PERIMETER CENTER WEST, STE 1200  
City-St-Zip: ATLANTA, GA 30338

**ADDITIONS/CHANGES:**

Title:       Change  Addition  
Name:  
Address:  
City-St-Zip:

Title:       Change  Addition  
Name:  
Address:  
City-St-Zip:

Title:       Change  Addition  
Name:  
Address:  
City-St-Zip:

Title:       Change  Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NILS H. OKESON

MGR

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date