## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000081737

Entity Name: RTM ENTERPRISES, INC.

FILED Feb 05, 2003 Secretary of State

| Current Principal Place of Business:        |   |                                   | New Principal Plac                          | New Principal Place of Business:        |  |
|---|---|-----------------------------------|---|---|--|
| 3797 MITZI<br>TALLAHAS                      | WAY<br>SEE, FL 32308  | 3                                 |   |   |  |
| Current Mailing Address:                    |   |                                   | New Mailing Addre                           | New Mailing Address:                    |  |
| 3797 MITZI<br>TALLAHAS                      | WAY<br>SEE, FL 32308  | <b>;</b>                          |   |   |  |
| FEI Number: 5                               | 59-3677493  | FEI Number Applied For ( )        | FEI Number Not Applicable()                 | Certificate of Status Desired ( )       |  |
| Name and                                    | Address of Cu   | rrent Registered Agent:           | Name and Address                            | of New Registered Agent:                |  |
|   | WILEY<br>IROE ST. 2ND<br>SEE, FL 32301                      |                                   |   |   |  |
| The above r in the State                    |   | bmits this statement for the purp | oose of changing its register               | ed office or registered agent, or both, |  |
| SIGNATUR                                    | E:  |                                   |   |   |  |
|   | Electronic  | Signature of Registered Agent     |   | Date                                    |  |
|   | paign Financing 1   | Trust Fund Contribution ( ).      | ADDITIONS/CHANG                             | SES TO OFFICERS AND DIRECTORS:          |  |
| Title:<br>Name:<br>Address:                 |   | velete<br>D                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                     |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D () C<br>LAKE, LYNN D<br>3797 MITZI WAY<br>TALLAHASSEE, F  |                                   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D () D<br>FOREMAN, JAME<br>3317 ALTA LOMA<br>BIRMINGHAM, AL | RD                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                 |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D () D<br>POLLEY, BILL<br>8435 S SILVER V<br>MEMPHIS, TN 38 | VIND DR                           | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D () C<br>THOMSON, BRIAI<br>117 CAIRNBURY                   |                                   | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                 |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R.D, LAKE PRES 02/05/2003