



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90352 043 ***150.00

DOCUMENT # P31555 1. Entity Name RTM GULF COAST, INC.					
Principal Place of Business 5995 BARFIELD ROAD ATLANTA, GA 30328			Mailing Address 5995 BARFIELD ROAD ATLANTA, GA 30328		
2. Principal Place of Business 1155 PERIMETER CENTER W Suite, Apt. #, etc.		3. Mailing Address 1155 PERIMETER CENTER W Suite, Apt. #, etc.			
City & State ATLANTA GA		City & State ATLANTA GA		4. FEI Number 58-1913786	
Zip 30338		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO UMPHENOUR, RUSSELL V., JR 5995 BARFIELD ROAD ATLANTA, GA 30328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DOUGLAS N. BENHAM 1155 PERIMETER CENTER W ATLANTA GA 30338	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD COOPER, DENNIS E. 5995 BARFIELD ROAD ATLANTA, GA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO TODD WEYHRICH 1155 PERIMETER CENTER W ATLANTA GA 30338	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WELCH, J. RUSSELL 5995 BARFIELD ROAD ATLANTA, GA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS T. MCCARRON 280 PARK AVENUE NEW YORK, NY 10017	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARTON, SHARRON L. 5995 BARFIELD ROAD ATLANTA, GA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1155 PERIMETER CENTER W ATLANTA GA 30338	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARRETT, THOMAS A 5995 BARFIELD RD ATLANTA, GA 30328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO 1155 PERIMETER CENTER W ATLANTA GA 30338	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIAN L. SCHORR 280 PARK AVENUE NEW YORK, NY 10017	
12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/12/06 (678) 514-4100 Date Daytime Phone		